DOCUMENT RESUME

ED 117 400 CE 006 042

AUTHOR	Gilligan, Thomas J.; Sherman, V. Clayton
TITLE	Health Aide Education and Utilization: A Task Identification Study. Final Report. Volume 1.
INSTITUTION	Homemakers Home and Health Care Services, Inc., Kalamazoo, Mich.
SPONS AGENCY	Metropolitan Washington Regional Medical Program, Washington, D.C.
PUB DATE	Mar 74
NOTE	342p.; Some tables will not reproduce well
EDRS PRICE	MF-$0.83 HC-$18.07 Plus Postage
DESCRIPTORS	Core Curriculum; Curriculum Development; Data Analysis; Health Occupations; Health Occupations Education; Health Personnel; Health Services; *Home Health Aides; *Manpower Utilization; *Nurses; *Nurses Aides; Paramedical Occupations; Questionnaires; Surveys; *Task Analysis; Task Performance; Vocational Education

ABSTRACT

A study of the Licensed Practical Nurse (LPN), Nurse Aide (NA), and Homemaker-Home Health Aide (H-HHA) occupations was conducted during 1972-73 in Metropolitan Washington, D.C. Questionnaires were administered to 600 LPNs, NAs, and H-HHAs in 30 health facilities who rated the frequency and importance of 346 tasks. Usable questionnaires numbered 492. A representative sample of employers also rated the tasks for each job title. The data revealed considerable task overlap between job titles and between patient care settings, and much agreement between job titles concerning the frequency and importance of task performance. On this basis, the study constructed an outline for an experience based core curriculum containing four modular units of instruction and organized to provide exit points for various job titles leading up to the LPN level. The study also developed a model for community-wide involvement in aide education and utilization to maximize the career mobility and effective use of aides. Appendixes comprising 125 pages provide: a brief glossary; an inventory of hospitals, nursing homes, and providers of home health care in the Metropolitan Washington area; the employer and employee task inventory questionnaires; data cross-tabulations by patient-care setting, shift, education, and years of experience; and a bibliography. (JR)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

Health Aide Education and Utilization: A Task Identification Study

ED117400

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY

V. Clayton Sherman

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER."

Thomas J. Gilligan
V. Clayton Sherman

Vol. I

HEALTH AIDE EDUCATION AND UTILIZATION:
A TASK IDENTIFICATION STUDY

Final Report

by

Thomas J. Gilligan and V. Clayton Sherman
Project Coordinator and Project Director

VOLUME I

"PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY
Clayton Sherman
TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER."

Under Contract # C005

from

The Metropolitan Washington Regional Medical Program

'This report does not necessarily represent the official opinion of the Metropolitan Washington Regional Medical Program. The Contractor is solely responsible for the contents of the report.

Homemakers Home & Health Care Services, Inc.
A Subsidiary of The Upjohn Company
© March 1974

METROPOLITAN WASHINGTON
REGIONAL MEDICAL PROGRAM

2007 Eye Street, N.W.
Washington, D.C. 20006
Telephone: 202/223-8050

VAUGHAN E. CHOATE, *Program Coordinator*

PREFACE

This study was undertaken under the aegis of the Metropolitan Washington Regional Medical Program by contract to Homemakers Home and Health Care Services, Inc., and The Upjohn Company. Responsibility for all aspects of this report, therefore, rests with the contracting agency.

The premise upon which the study was undertaken was that the supportive services, given by Health Aides working in a variety of health care settings, are a significant variable in providing quality health care to individuals, families, and communities.

In addition, there is little standardization of curricula for use in educating and training Health Aides and Nurse Aides to function in homes, hospitals, clinics, nursing homes, extended care facilities, and personal care homes. The unique contributions, as well as the basic commonalities of knowledge and expected practice required by these health workers, needed to be identified in order to develop a basic course of study. The ultimate goal is to improve utilization patterns, and the quality of health care provided. There is presently no effective system which allows for and encourages horizontal and vertical career mobility for either the Home Health Aide, or the Nurse Aide, prepared to function in any of the above settings.

It is most gratifying to note that this study was basically a community effort and represents the results of a successful cooperative effort among the health care delivery, health educational institutions, professional organizations, Homemakers Home and Health Care Services, Inc., and The Upjohn Company. The MWRMP Council for Nursing members, particularly, are to be commended for their cooperation in providing information and technical assistance regarding their respective institutions. Their contribution is gratefully appreciated.

Vaughan E. Choate
Program Coordinator

HOMEMAKERS HOME AND HEALTH CARE SERVICES, INC.
Subsidiary of The Upjohn Company, Kalamazoo, Michigan 49001 • (616) 381-1010

FOREWORD

It is interesting to note that although aide level personnel constitute 44% of all nursing personnel in the United States, there is no national paradigm governing their education or providing for measurement of competency. Not only are there no national aide organizations to represent and speak for aide level education, but in almost all cases there is no licensing or certification of the aide, and the programs which train her are largely unaccredited.

The problems of professional nursing have attracted most of the dollars, talent, and organized effort available for nursing education. Certainly these problems are important, but at a time when the expanding scope of health care services in the United States demands an increased role for allied health professionals and others at lower levels of education, such a gap in the national management of this important health resource is hard to justify. The day is past when an aide could be considered simply as a "pair of hands." In light of the large numbers of aides currently providing most of the direct interface with patients in health institutions and in home care settings, it becomes increasingly important to develop and manage effectively this most basic resource.

The problems associated with aide level training and utilization as described in this study are not unique to the Metropolitan Washington area. In many of the over 180 communities in which HOMEMAKERS delivers services, we have frequently observed similar situations to those described in this study. The picture nationally is much the same: under-utilization of present personnel, lack of career mobility, and dead-end job structures.

As pointed out in this study, increased effectiveness in aide utilization represents an opportunity for appreciable economies in the delivery of care, as well as an overall increase in the quality of care. Manpower costs represent large percentages of the overall costs of hospital care, nursing home care, and home health care; and nursing personnel costs represent a large percentage of the manpower costs.

The primary outcome of this study is the development of a significant, though not yet complete, data base which identifies the tasks necessary for core curriculum modules for homemaker-home health aides, nurse aides in nursing homes, nurse aides in hospitals, and LPN's. We have frequently been approached by nursing professionals and vocational education experts concerned about the problem of aide education and proper curriculum content. This study provides much needed data in this area, and complements effectively the few other studies which have examined this problem.

The second major outcome of this study is that it provides a model of how to go about effectively mobilizing and utilizing health aide resources on a community-wide basis. Our experience has led us to believe that the model which was developed in the Metropolitan Washington area would apply to most other communities in the United States facing this problem. This model is an abstract for action and a set of guidelines which communities can use in setting up a community-wide education and utilization program.

Another significant contribution of this study is the need that it points to for the establishing of a national consensus as to the proper role for the health aide. In light of the lack of political sponsorship working actively in the solving of these problems, it would be proper to hold a national symposium on aide level training and utilization. We call for such a symposium where the combined expertise of various national groups could be brought to bear on this problem. Groups represented at such a meeting might include:

- National medical, nursing and allied health associations
- National associations representing providers of care
- Manpower experts
- Nursing and vocational education professionals

The role of this symposium would be to develop and endorse a conceptual framework and recommendations for aide training and utilization which local communities could use at their discretion. These guidelines, in essence, would become a national standard. We believe many communities would willingly adopt a conceptual set of guidelines and tailor them to fit the needs of the individual community and employing institution. The market for this particular product is large and ready.

In a sense, this is partially a socio-economic issue, and has been properly identified as such by several civil rights groups. Minorities make up a sizable portion of health aide personnel, and it is they who are blocked in career advancement. It is they who are impaired in their ability to gain stature and status in a job poorly conceived and constructed. This challenge, and that of wanting to control the quality and cost of patient care, should properly motivate us to pursue the attainment of this difficult, and at times seemingly frustrating, goal.

As an employer of over 28,000 aide level personnel, HOMEMAKERS is greatly concerned about the inherent quality control question involved in an unlicensed, unstandardized job classification. We are therefore willing to assist in the development of the concept further, and would welcome working with any who may be similarly interested. HOMEMAKERS has already developed a substantial base of training materials, manpower development guides, and a national audio-visual capability. We are willing to share the results of this study, and any of our other developed programs, with organizations who would be willing to work on this common problem.

Very truly yours,

V. Clayton Sherman

V. Clayton Sherman
Director of Human Resources

ADVISORY COMMITTEE

We wish to thank the following individuals who served as members of the Project Advisory Committee. They were instrumental in gaining access to the institutions who participated in this study and were extremely helpful in answering numerous questions and providing quidance and assistance.

Miss Barbara Amstrong
Director, Education and Research for Nursing
Sibley Memorial Hospital

Mrs. Lucille Ashley
Director, Nursing Programs
Metropolitan Washington Regional Medical Program

Mrs. Bertha Bolden
Supervising Director, Interdisciplinary Cooperative Program
Division of Career Development
Washington, D.C. Public Schools

Mrs. Helen Boserman
Assistant National Director
Nursing & Health Programs
American National Red Cross

Ms. Amy Brooks
Director, Nursing & Health Programs
District of Columbia Chapter
American National Red Cross

Miss Elizabeth Dunne
Director
Northern Virginia Visiting Nurses Association

Miss Patricia Gilroy
Executive Director
Homemaker-Home Health Aide Service of the National Capital Area

Miss Sheila Hamel
Assistant Director for Nursing
Georgetown University Hospital

Miss Mary Homan
Comprehensive Health Planning
Department of Human Resources
District of Columbia

Miss Martha Lewis, R.N.
Chairman, Health Technology
Washington Technical Institute

Mr. James Maharg
Northern Virginia Nursing Home Association

Mrs. Dorothy K. Menefee
Administrator
Mar-Salle Convalescent Home

Miss Mary Anna Moore
Assistant National Director
Nursing & Health Programs
American Red Cross

Miss Dorothy Nelson
Executive Director
District of Columbia Visiting Nurses Association

Miss Nelly Oles
Chief, Nursing Home and Institutional Service Section
Community Health Service, DHEW

Mrs. Virginia Rehbehn
Inservice Director
Potomac Valley Nursing Home

Miss Ilse Sandman
Nursing Advisor
Medical Services Administration, DHEW

Miss Linda Tarr
Health Specialist
American Federation of State, County, and Municipal Workers

Mr. John Wurd
Executive Director
District of Columbia Licensed Practical Nurses Association

Special thanks for their generous assistance should also go to:

Miss Helen Powers
Health Occupations
Bureau of Adult, Vocational, and Technical Education
U.S. Office of Education, DHEW

Capt. Ouida Upchurch NC USN
Special Assistant for Education and Training R & D
Bureau of Medicine and Surgery
Department of the Navy

Miss Lucille A. Wood
Associate Director for Nursing
Allied Health Professions Project
University of California, Los Angeles

and to:

Mr. David Bergwall
Instructor
George Washington University
School of Health Administration

who acted as principal statistical consultant to this study.

APPRECIATION

We wish to express our profound thanks to the many institutions who participated in this study. The efforts of the administrative staffs, and the many employees who shared their perceptions with us, are truly appreciated.

There are two people without whose support and assistance this study could not have been successfully completed. Mrs. Lucille Ashley served as contract monitor for the Metropolitan Washington Regional Medical Program. In this capacity she gave untiringly of her time and provided invaluable guidance essential to the successful completion of the study. Mr. John B. Van Over, Zone Manager of HOMEMAKERS' Washington office, housed the study in his office and provided the logistical support without which we would not have been able to function.

TABLE OF CONTENTS

TITLE PAGE
PREFACE
FOREWORD
ADVISORY COMMITTEE
APPRECIATION
TABLE OF CONTENTS - VOLUME I
TABLE OF CONTENTS - VOLUME II
TABLE OF CONTENTS - VOLUME III

VOLUME I

Page

I. SUMMARY 1
- The Nature of the Problem 1
- Research Objectives 2
- Utilization & Mobility Patterns 3
- Methodology 4
- Data Analysis 5
- Results 5
- Core Curriculum 7
- Aide Education and Utilization Model 7
- Policy Implications 8

II. INTRODUCTION 9
- Overlapping Nursing Tasks 10
- Redundant Training Requirements 12
- Dead-end Jobs 12
- Absence of Agreement on Job Content 12
- Turnover 12
- Adverse Impact on the Cost of Care 13
- Adverse Impact on the Quality of Care 13
- Misallocation of Tasks 14

III. OBJECTIVES, ORGANIZATION AND APPROACH 17
- Statement of the Problem 17
- Objectives of the Study 17
- Characteristics of the Metropolitan Washington Area 19

- Nursing Population 19
- Distribution of Facilities 23
- Project Organization and Approach 24
- Flow Charts of Project Approach 26
- Advisory Committee 30

IV. IDENTIFYING RESOURCES 33
- Methodology 33
- Pre-service Training of Nurse Aides 35
- Pre-service Training of Homemaker-Home Health Aides 42
- In-service Training 44
- Characteristics of the Health Aide Labor Market 48
- Demand Rates for Aides 52
- Wages Paid to Aide Personnel 54
- Commentary 57

V. TASK IDENTIFICATION METHODOLOGY 60
- Literature Search 60
- Developing the Methodology 65
- Questionnaire Design 67
- Selection of Organizational and Individual Respondents 71
- Administration of the Questionnaires 72

VI. DATA ANALYSIS 74
- Explanation of Statistical Measures 74
- Summary Results by Job Classification 79
- Performance Overlap 81

VII. ANALYSIS OF THE DATA BY FUNCTIONAL AREA 86
- Precautionary Note 86
- Functional Area I: Diversional, Therapeutic and Assistance Activities 88
- Functional Area II: Safety and Comfort 91
- Functional Area III: Nutrition and Elimination 103
- Functional Area IV: Treatments, Procedures, Medications, and Diagnostic Activities 113

- Functional Area V: Observation and Communication 127
- Functional Area VI: Administrative Coordination and Housekeeping 139

VIII. CORE CURRICULUM

- Core Module I: Instructional Units Applicable to LPNs in Hospitals, Nurse Aides in Hospitals, Nurse Aides in Nursing Homes, and Homemaker-Home Health Aides 150
- Core Module II: Instructional Units Applicable to LPNs in Hospitals, Nurse Aides in Hospitals, and Nurse Aides in Nursing Homes 170
- Core Module III: Instructional Units Applicable to LPNs and Nurse Aides in Hospitals 174
- Core Module IV: Instructional Units Applicable to LPNs in Hospitals 177

IX. TOWARD A PRACTICAL MODEL OF AIDE EDUCATION AND UTILIZATION 179

- Establish a Community-wide Committee on Aide Training 180
- Examine Aide Utilization 182
- Develop a Common Curriculum 183
- Share Community Training Resources 184
- Establish Community-wide Selection Criteria for Entry Into Training Programs 185
- Establish Realistic Job-Related Competency Measurement Mechanisms 186
- Coordinate with LPN and Allied Health Professions 187
- Monitor for Quality Control and Cost Effectiveness 188
- Benefits of Using the Model 188

X. POLICY IMPLICATIONS 190

- Universality of the Problem 190
- A Call for More Research 194

XI. APPENDICES 198

- Glossary 199
- Inventory of Hospitals, Nursing Homes and Providers of Home Health Care in the Metropolitan Washington Area 200
- Employee Task Inventory Questionnaire 214
- Employer Task Inventory Questionnaire 248

- Data Crosstabulations by Patient-Care Setting, Shift, Education, Years of Experience 295
- Bibliography 323

TABLE OF CONTENTS

VOLUME II

This volume contains the following final computer print-out reports:

LICENSED PRACTICAL NURSES

- Distribution of responses for all LPN's in Hospitals
- Comparison of LPN responses with employer responses
- "W" statistics for all LPN's in Hospitals

NURSE AIDES IN HOSPITALS

- Distribution of responses for all NA's in Hospitals
- Comparison of NA's in Hospitals responses with employer responses
- "W" statistics for all NA's in Hospitals

NURSE AIDES IN NURSING HOMES

- Distribution of responses for all NA's in Nursing Homes
- Comparison of NA's in Nursing Homes responses with employer responses
- "W" statistics for all NA's in Nursing Homes

HOMEMAKER-HOME HEALTH AIDES

- Distribution of responses for all H-HHA's
- Comparison of H-HHA's responses with employer responses
- "W" statistics for all H-HHA's

COMPARATIVE "W" STATISTICS

- Comparison of "W" statistics for LPN's in Hospitals vs. NA's in Hospitals
- Comparison of "W" statistics for LPN's in Hospitals vs. NA's in Nursing Homes
- Comparison of "W" statistics for all LPN's vs. all H-HHA's
- Comparison of "W" statistics for LPN's in Hospitals vs. H-HHA's
- Comparison of "W" statistics for NA's in Hospitals vs. NA's in Nursing Homes

- Comparison of "W" statistics for NA's in Hospitals vs. H-HHA's
- Comparison of "W" statistics for NA's in Nursing Homes vs. H-HHA's

TABLE OF CONTENTS

VOLUME III

This volume contains summary reports of the raw data. Data is arranged by type of institution, institution #, and job title. For each job title in each institution there will be two reports:

- A summary of responses for "Frequency" and "Importance" for each task
- A comparison of employee and employer responses for each task for each job title in each institution

HOME HEALTH AGENCIES

- #1 - Home Health Agency
  H-HHA's only
- #2 - Home Health Agency
  H-HHA's only
- #3 - Home Health Agency
  H-HHA's only
- #4 - Home Health Agency
  H-HHA's only
- #5 - Home Health Agency
  LPN's, H-HHA's
- #6 - Home Health Agency
  LPN's, H-HHA's
- #7 - Home Health Agency
  LPN's, H-HHA's
- #9 - Home Health Agency
  H-HHA's

HOSPITALS

- #11 - Hospital
  LPN's, NA's, Orderlies
- #12 - Hospital
  LPN's, NA's
- #13 - Hospital
  LPN's, NA's, Orderlies
- #14 - Hospital
  LPN's, NA's
- #15 - Hospital
  NA's
- #16 - Hospital
  LPN's, NA's
- #17 - Hospital
  LPN's, NA's
- #18 - Hospital
  LPN's, NA's

NURSING HOMES

- #21 - Nursing Home
  LPN's, NA's, Orderlies
- #22 - Nursing Home
  LPN's, NA's, Orderlies
- #23 - Nursing Home
  LPN's, NA's
- #24 - Nursing Home
  LPN's, NA's, Orderlies
- #25 - Nursing Home
  LPN's, NA's, Orderlies
- #26 - Nursing Home
  LPN's, NA's
- #27 - Nursing Home
  LPN's, NA's

I. SUMMARY

This study was commissioned by the Metropolitan Washington Regional Medical Program (MWRMP) and supported in part by Homemakers Home and Health Care Services, Inc., a subsidiary of The Upjohn Company. MWRMP's objectives were to study the Licensed Practical Nurse (LPN), Nurse Aide (NA), and Homemaker-Home Health Aide (H-HHA) occupations to determine the job content of each of the job titles. Based on this data, build a curriculum core to each of the job titles which could serve as the base point for horizontal and upward mobility. And based on this, make recommendations for more efficient and effective utilization patterns of health manpower. The study was conducted from October 1, 1972 to September 30, 1973.

THE NATURE OF THE PROBLEM

The importance of aide level personnel in the provision of nursing care should not be underestimated. As a health manpower resource, they account for approximately 40% of the people in nursing occupations in the Metropolitan Washington D.C. area (44% nationally). In terms of the actual delivery of patient care, they are extremely important. Sister Rita Marie Benguron, Dean of the School of Nursing, Georgetown University, commenting on the role and identity of professional nursing, said:

> "The onrush of medical knowledge, the proliferation of techniques and machines for diagnosis and surgery, and the maintenance of life at the same time have so strained the human resources of the modern hospital that patients are largely nursed by 'maids and aides.'"

As nursing care is currently delivered in hospitals, nursing homes, and home health care settings, the patient's most frequent contact is with the aide.

The predominant characteristics of aide level positions are:

- The high degree of overlap of task performance between aides, LPNs and RNs
- Redundant training requirements
- Dead-end job structures
- A high degree of turnover
- A lack of agreement between providers as to the job content of aide level personnel

Aides perform or are involved in many of the tasks which LPNs and RNs perform. Yet in only rare instances are they given credit for their prior training and experience when they apply for an LPN training program. Instead they must go back to the very beginning and sit through as much as three months of training on subject matter over which they are already competent.

Aide level positions are overwhelmingly dead-end in nature. Credentialism and accreditation prohibit aides from moving into other occupations on an OJT basis. And, as a rule, the salaries aides earn are not enough to allow them to put money aside so that they could temporarily afford the loss of income which would occur if they went back to school.

Turnover in aide positions is extremely high. In a period not marked by spectacular economic growth, the demand rate for aides in the Metropolitan Washington, D.C. area in private sector hospitals was 59.1% and in private sector nursing homes 75.7% annually. This constitutes a serious administrative problem for providers of care. The adverse effects of high turnover impact negatively upon the cost and quality of patient care.

Perhaps the most serious problem surrounding aide level positions is the relative lack of agreement as to the content of an aide's job as viewed by employing institutions. There is widespread agreement that the aide assists the RN and LPN in her performance of less skilled tasks in the care of patients, but the actual content of an aide's job may vary considerably from provider to provider. In many instances the aide may be prohibited from performing tasks she was competent to perform at other facilities due only to the traditions of her current employer.

RESEARCH OBJECTIVES

The objectives of this study were to:

1. Conduct a comparative task identification of H-HHAs, NAs and LPNs in health facilities and patient care settings where these personnel function.

2. Identify commonalities in performance among H-HHAs, NAs and LPNs.

3. Identify elements of a core curriculum based upon commonalities of performance. This curriculum should encourage upward and horizontal mobility for aide level personnel.

4. Determine the feasibility, efficiency and effectiveness of a standardized curriculum to educate aide level personnel.

5. Examine barriers to full aide utilization and make recommendations designed to improve the distribution, supply, quality and effectiveness of aide level personnel.

6. Examine the characteristics of the situational milieu within which this study took place in order to assess the methodology used and the results obtained. If possible, a model for aide education utilization was to be developed, which could be applied to other communities across the nation.

UTILIZATION AND MOBILITY PATTERNS

The study identified the characteristics of the Metropolitan Washington D.C. area, the numbers of the people serving in nursing occupations, and made projections of aide level personnel needs thru 1985. Analysis was also made of the distribution of health care facilities and the numbers and types of hospitals, nursing homes and home health care providers were identified.

Training Programs

An inventory was established of existing training programs to determine the types of programs, sponsoring organizations, admission requirements, length of program and other pertinent information. Thirty-one separate training programs were identified. The characteristics of pre-service and in-service training programs for aides in hospitals, nursing homes and home-health care providers were identified, including the frequency with which training was conducted and the qualifications of the individual charged with planning and directing the training effort. Eligibility criteria for acceptance into training programs were identified.

Hiring and Turn-Over Characteristics

An analysis was made by job classification and patient care setting to determine the normal hiring patterns by age and education. The demand rate for aides was derived by dividing the number of on board personnel into the number of new hires. Demand rate is a composite measure of turn-over and growth. This analysis showed that private sector nursing homes can expect 100% turn-over of aide level personnel every 16 months and private sector hospitals can expect the same rate at 20 month intervals. The substantial amount of turn-over that is involved impacts negatively on cost and quality of patient care, and this turn-over demand rate is highest among aide level personnel.

An attempt was made to match turn-over and demand rate figures to wage levels being paid to aide personnel. A correlation does exist between low salary and high turn-over.

METHODOLOGY

Following identification of the situational variables, a methdology was constructed to pursue the study's objectives. This early phase of the project was characterized by the establishment of an Advisory Committee which was instrumental in shaping the direction of the study and in gaining access to institutions within the community.

A literature search was undertaken and various task analysis and task identification methodologies identified. It was decided that a survey questionnaire provided the optimum method for gathering task data in a uniform and orderly manner. The factors which entered into this decision were:

- The number of occupations to be studied
- The number of patient care settings in which these job titles functioned
- The large number of political jurisdictions
- The requirement to address upward mobility
- The manpower and fiscal resources available
- The total dependence upon voluntary participation of providers of care and their employees

The survey questionnaire consisted of instructions, a segment on personal data, and the task inventory. The task inventory consisted of 346 task items. Each of the respondents was asked to rate on a scale of 1 to 5 the frequency and importance of tasks which they performed.

The questionnaires were administered to over 600 LPNs, NAs and H-HHAs in 8 hospitals, 7 nursing homes, 8 providers of home health care, and 7 other health facilities. 492 questionnaires were usable and constitute the data base for the study. Organizational facilities were identified by size, services offered, and geographic location. Institutions that were felt to be representative were subsequently approached for their voluntary participation. Employee respondents were selected by each of the institutions and a careful attempt was made to assure that sample size was adequate.

Employers were also asked to rate each of the 346 task items for frequency and importance on tasks performed by each of the job titles. The identity of individual respondents and their employer were in each instance kept confidential.

DATA ANALYSIS

The data was organized and analyzed by job title and patient care setting. Frequency of performance was the primary dimension used in the data analysis since ratings of importance were found to be somewhat unreliable and subjective. Three elements in the data on frequency of task performance were of special interest:

- Tasks which were performed "routinely," defined as weekly or more frequently by job title
- The degree of agreement throughout the job title as to task performance. (Kendall's coefficient of concordance)
- The response data by the employers

Tasks were then identified as being core to a job title if:

1. The task was performed weekly or more frequently by more than 50% of the job title
2. The task was performed weekly or more frequently by 20 to 49% of the job title and:
   a. The task received a score of .55 or better when Kendall's coefficient of concordance was computed, or,
   b. Half or more of the employers responded that their personnel performed these tasks with a frequency of weekly or better

Additional perspectives on the data were obtained by cross tabulating response patterns by patient care setting, shift, education, years of experience, age and wage level. A complete set of computer print-out tabulations and correlations are available for researchers.

RESULTS

Analysis of the data revealed a high degree of task over-lap between job titles and between patient care settings. Of the 346 task items, 271 were performed by LPNs, 203 were performed by NAs in hospitals, 153 by NAs in nursing homes, and 113 by H-HHAs.

When performed tasks were compared between job titles it was found that H-HHAs are performing 94 tasks in common with NAs in nursing homes, 99 tasks in common with NAs in hospitals, and 104 tasks in common with LPNs. NAs in nursing homes were found to be performing 147 tasks in common with NAs in hospitals, and 149 tasks in common with LPNs. NAs in hospitals perform 197 tasks in common with LPNs. This high degree of task overlap demonstrates quite clearly the possibilities which exist for career ladder training and utilization.

Significant in this regard is how few tasks performed by NAs and H-HHAs were not performed by LPNs. Of the 203 tasks performed by hospital based NAs only 6 were not performed by hospital based LPNs. Of 153 tasks performed by nursing home NAs only 4 were not performed by hosptial based LPNs. Of the 113 tasks performed by H-HHAs only 9 tasks, such as preparing meals, were not performed by LPNs. The nature of this finding is that all aide level nursing personnel are responsible for the performance of a basic core of tasks.

Between job titles, the degree of agreement concerning frequency and importance of task performance is extremely high. Kendall's coefficient of concordance was computed to measure the degree of agreement between job titles with respect to the frequency and importance of individualized tasks. Values for Kendall's coefficient between .90 and 1.00 indicate little or no difference in the perceptions of compared groups. When tasks were compared by frequency of performance, values between .90 and 1.00 were obtained for:

- 55.3% of the tasks performed by LPNs and hospital based NAs
- 65.9% of the tasks performed by NAs in hospitals and nursing homes
- 29.7% of the tasks performed by H-HHAs and NAs

If frequency of time is disregarded, and Kendall's coefficient is computed for importance, the degree of agreement between job titles is much higher. Values between .90 and 1.00 were found for:

- 73.0% of the tasks performed by both hospital based LPNs and NAs
- 80.6% of the tasks performed by both hospital and nursing home based NAs
- 65.9% of tasks performed by NAs in nursing homes and H-HHAs

The extent of the task performance overlap among the job titles and the degree of agreement among the job titles with respect to the frequency and importance of performed tasks is significant. While it cannot be concluded from the data that the involvement of the various job titles in any one task is identical, neither can the existence of a basis for upward mobility among these job titles be denied.

Between like providers of care (e.g., hospitals) there is considerable difference as to perception of task performance. Of the tasks performed weekly or more frequently by more than 20% of the job titles, the presence of agreement on the frequency of performance was relatively low for:

- 61.6% of the tasks performed by hospital based LPNs
- 51.2% of the tasks performed by hospital based NAs
- 36.5% of the tasks performed by nursing home based NAs
- 74.2% of the tasks performed by H-HHAs

Since the prime variable in this comparison was the employer it is reasonable to assume that the providers of care themselves are at least in part responsible for the differences in perception on the part of their employees.

CORE CURRICULUM

A core curriculum was constructed by selecting those tasks which passed the statistical levels established in the methodology. This core curriculum does not address itself to the question of what ought to be concluded or whether certain tasks are outside the purview of certain job titles. It is a curriculum that is experience based and which reflects actual current activity. The curriculum is not complete in that it does not attempt to include specific orientation to institutional procedures or other idiosyncratic differences which are situation specific.

The core curriculum identifies four modular units of instruction and organizes the curriculum in such a manner that there are exit points for various job titles leading up to the LPN level. The curriculum does not specify learning levels or background knowledges that may be needed in addition to the specific skill involved in the task, but does identify the task areas appropriate to each job title. This is one of the major contributions of the study.

AIDE EDUCATION AND UTILIZATION MODEL

A model for aide education and utilization was developed which demonstrates how a community can go about standardizing this problem area. Beyond the conclusions drawn in the study concerning the curriculum content, it is obvious that the greater problem in aide utilization revolves around creation of a community wide standard for aide training and acceptance of that standard by employing institutions. When user institutions identify with the training and background of aides trained under a standardized curriculum, the chances for horizontal mobility within the community are greatly enhanced; to the extent employing institutions in the community can work together to identify task commonalities between occupations, chances for vertical mobility are improved.

A strategy for implementing the model is outlined and practical suggestions for usage are given.

One of the key issues that will have to be addressed in terms of proving the value of the model is to establish better competency measurement mechanisms so that the quality of patient care being delivered can be measured. Handling this quality control question is central to removing the barriers to full utilization of aide level personnel. Aides will continue to be viewed as just a pair of hands until it is known that they can handle specific tasks and demonstrate the skills required in a qualified manner.

Another need is to establish meaningful cost data to determine the pattern of inefficiency which currently surrounds aide selection and training as indicated by the high turnover rates that characterize this position. Better cost data would be extremely helpful in giving a picture of the actual costs involved in not solving this problem.

POLICY IMPLICATIONS

The data from this study indicates that if any progress is to be made in either career mobility for aides, or the more effective use of this segment of health manpower, it will depend on the development and community-wide adoption of a much more detailed concept of the content of an aide's job than "assist RNs and LPNs in the performance of less skilled tasks in patient care."

The problems as delineated in this study are not unique to the Metropolitan Washington D.C. area. The lack of clarity concerning the role of the aide in today's health care delivery system remains unclear in most communities in the United States. This problem impacts negatively on all employing institutions, acts adversely on the quality and cost of patient care and is destructive to the aide's career objectives. Since the population of aides represents 44% of all nursing personnel, it is essential that national, state and local organizations work actively in this area to solve these problems.

The problems are not that complicated. There is in this study, and in several other significant studies done in recent years,a substantial data base. The problems, unlike those of more technical specialties, are clearer and more easy to resolve. In a very real sense, it is not a question of not knowing what needs to be done, but of having the will to re-examine current practices, current methods of thinking and operation, and in asking anew the questions concerning appropriateness of the health care delivery model at the aide level.

National health associations and other important voices at the state and local levels could significantly move this problem off dead-center by moving now to enter into collaborative discussion and to start enunciating those standards which are necessary. Comprehensive health planning people, regional planning groups, manpower authorities and vocational education people in local coalitions could do much to remedy this problem as the model on Aide Education and Utilization points out. With National Health Insurance on the horizon, the time is now to solve these problems.

As with any research study, more problems have been uncovered than could be fairly examined. Much remains to be done. Significantly more in the way of research and development money, research organization and talent will have to be applied if we are to thoroughly understand sources and mobility patterns which are going to allow us to staff the developing health careers. Surely the most readily available manpower pool that exists for many of the new health careers lies in health aide categories. Money placed there could produce significant accomplishments which will pay off in terms of effective channeling into these new occupations. Aide level personnel are a resource that can no longer be overlooked in the onrush and proliferation of health knowledges.

II. INTRODUCTION

For several years the health care literature has been filled with cries of crises. These crises stem in part from the spectacular rise in the cost of medical care, in part from the critical shortage and maldistribution of health manpower, and in part from the delivery of service on the basis of ability to pay rather than on need.

With the intensification of the crisis climate, increased attention has been and is being paid to the problems associated with health manpower. Among the topics raised which are applicable to the spectrum of nursing occupations are:

- licensing
- credentialism
- dead-end jobs
- requirements for redundant training
- changing patterns of patient-care

The literature on the problems these topics pose is extensive and easily available to the interested reader; and therefore, will not be dealt with at length here. (see Bibliography in Appendices)

Eleanor Gilpatrick has probably best expressed the interrelationship of these problems.

> While health care delivery institutions have developed internal training for their manpower needs, the new functions have been immediately hedged with credential barriers such as licensure or certification, and professional associations have sprung up to guard the new titles, regardless of the relationship of the new functions to existing functions. As a result, there is

> a proliferation of credentialed health care occupations which overlap and duplicate functions. Because they are credentialed, these titles generally require formal accredited training. The training in each case assumes no prior experience or training in health care; and therefore, there is the problem of enormous overlap across educational programs.
>
> The proliferation of credential barriers has not stopped institutions from adapting actual job functions to internal needs. The result of this is the fact that almost all health occupations, including aides and professionals, are at dead-ends. For the individual to be mobile in this industry the burden falls on him or her to obtain the required, often redundant training needed for entry into a new, credentialed title. The irony is that once the individual has obtained the credentials, there is no guarantee that the required credentialed training will be relevant or fully utilized in the new institution or job.
>
> The greatest social cost in the health industry lies in the education and training of its manpower. There are shortages of schools and shortages of properly trained skilled and professional personnel. The greatest waste in the health industry lies in the allocation of functions to personnel and in the redundancy of training requirements. It is an irony of the industry that its employment structure is shaped like a pyramid, with large numbers of semi-skilled employees at the aide level available without serious shortages, while the shortage structure is shaped like a pyramid resting on its apex, with the largest numbers of shortages near the top. This makes the industry ideal for the development of upward mobility programs utilizing the existing labor force. Yet institutional barriers have up to the present, inhibited the implementation of such solutions.[1]

The problems of overlap, credentialism, dead-end jobs and absence of agreement on job content are particularly true for aide-level nursing.

OVERLAPPING NURSING TASKS:

Early in the project several studies were found which documented the nature and scope of the overlap in the performance of tasks by personnel in nursing occupations.

Lucille Wood, in Career Model for Nurse Practitioners (March 1972), cited the following statistics developed from the national survey analysis of nursing occupations performed by the Allied Health Professions Project:

> The national analysis of the nursing occupations revealed that 60% of all nursing functions are performed by all levels of nursing personnel -- the Nurse Aide, LVN, and RN. These tasks are, in essence, the fundamentals of nursing.

> The next 28% of the tasks comprise more complex activities such as sterile techniques, giving medications, assisting in somatic therapies (electric and insulin shock), assisting with various treatments and examinations, identification of patient needs, interpretation of signs and symptoms, the teaching of simple health measures and procedures, and selecting the approaches to patient care. This 28% of nursing activities is carried out by the LVN-RN combination.
>
> Procedures included in the remaining 12% of tasks in the national survey, which are identified as falling exclusively within the realm of the RN, are administrative techniques of planning patient care; assigning personnel; evaluating the quality of nursing care as well as employee performance and making appropriate adjustments in both areas; conducting education programs for patients and employees; and utilizing complex nursing skills.
>
> It should be emphasized that in the entire gamut of nursing activities, there are only six skills designated as "complex" and not permitted for LVN, but assigned to the RN exclusively. These specific activities are; administration of IV medications and blood transfusions; reading skin tests; tracheal suctioning; and nasogastric intubation.[1]

To paraphrase Wood, then, if 100% of nursing tasks are within the purview of Registered Nurses (RNs), then 88% of her nursing tasks are within the purview of Licensed Practical Nurses (LPNs) and 60% of the nursing tasks are within the purview of Nurse Aides (NAs).

Harold M. Goldstein and Morris A. Horowitz in Restructuring Paramedical Occupations also provide a vivid illustration of the nature and extent of overlap in task performance:

> From these statistical data we reached the following conclusions:
>
> 1. There is indeed a great deal of overlap in the performance of various functions irrespective of the degree of difficulty and the educational exposure, formal or otherwise, by various categories of paramedical personnel (RNs, LPNs, NAs and orderlies) at The Cambridge Hospital.
> 2. Although the "more difficult" functions do tend to be performed more by personnel with higher levels of professional training and knowledge, the lesser-skilled paramedical employee does perform these functions more than occasionally.
> 3. The more highly-skilled persons in this sample do spend large blocks of their time on functions they themselves and most other authorities consider to be well below their technical capabilities . . . .

4. All four of these paramedical occupations (RNs, LPNs, NAs and orderlies) perform most of their high level functions during shifts other than the day shift; this is especially true of the LPNs, NAs and orderlies. During the shift from 11 p.m. to 7 a.m., RNs, LPNs, NAs and orderlies are called upon to perform functions that only physicians or RNs would normally perform during the day.[1]

REDUNDANT TRAINING REQUIREMENTS:

Yet despite this overlap, there are only very isolated avenues of upward mobility within nursing. In almost all instances, a person wishing to advance from one level of nursing to the next would receive no credit for prior training and experience and must begin again. The Nurse Aide, to become a Licensed Practical Nurse, must sit through perhaps as much as three months of training on procedures in which she may be already competent. An LPN seeking Registered Nurse status obviously suffers more. And, should a diploma RN wish to get a baccalaureate degree, she must return to school for as long as three years.

DEAD-END JOBS:

Because most of those who fill aide-level jobs could not afford the loss of income which would occur when they went back to school, these redundant training requirements constitute a very real obstacle to upward mobility. The result is that these aide level jobs are overwhelmingly dead-end in nature. Nurse Aide jobs offer only extremely rare opportunities of promotion, and/or increased responsibility.

ABSENCE OF AGREEMENT ON JOB CONTENT:

The most widely used definition of a Nurse Aide is "assists Registered and Licensed Practical Nurses in the performance of the less skilled tasks in the care of patients." However wide the agreement is on the definition, the purview of the Nurse Aide varies considerably from provider of care to provider of care, even within patient care settings. Because of nothing more than tradition, an aide may be prohibited from performing tasks that she was competent to perform in other facilities where she may have worked.

TURNOVER:

A high rate of turnover and of dead-end jobs appear to have a high degree of correlation in the study on geographic areas. In 1971, at a time of high unemployment, over 250,000 jobs in the public sector -- Federal, State and local governments -- went unfilled. Many of these jobs were dead-end jobs offering no avenue of upward mobility, no hope of promotion, no hope of increased responsibility, no hope of self fulfillment.

To a large extent aide-level nursing, because of the dead-end nature of its jobs, has to suffer. The impact on providers is a high rate of turnover. According to the Nelsen Commission, turnover for RNs in area hospitals runs at approximately 35% annually. For aides, as will be documented later, turnover is much higher -- approximately 60% annually in metropolitan D.C. - area hospitals and 75% annually in area nursing homes.

ADVERSE IMPACT ON THE COST OF CARE:

Eleanor Gilpatrick described these phenomena in terms of the "social cost" of wasted manpower resources. But these phenomena also have an adverse effect on the cost and quality of care delivered under the auspices of the providers of care in every patient care setting.

The cost of care is affected primarily by two phenomena -- high turnover in aide level personnel and the absence of agreement on the job content of aides.

Several phenomena can be assumed to contribute to the relatively high turnover characteristic of aide level personnel. Redundant training requirements, dead-end nature of jobs, low wages -- all contribute to low morale which, in turn, contributes to turnover.

The financial impact of high turnover on a provider of care should be considerable. It reduces greatly any advantage the provider might realize from "learning curve"[1] phenomena, impedes the efficiency and effectiveness with which the provider can deliver care, and swells training and supervision costs in the process.

Absence of agreement as to job content adds to the adverse effect of high turnover. As was noted earlier, despite a widely agreed upon definition of a nurse aide, the content of her job often differs from provider to provider even within patient care settings. Similarly, the training programs (and training manuals) for aides differ in content and quality. When a trained and experienced aide applies for a job at another facility, she represents an unknown quality to her prospective employer. The scope and content of her previous job may have been quite different from the one for which she is applying. The training program which she may have gone through may have operated on an altogether different concept of the scope and content of the aide's job.

The administrator then has no way of knowing what the applicant is qualified to do. If the administrator decides to hire, he must either take a chance on her qualifications, or retrain her, possibly spending training dollars unnecessarily.

ADVERSE IMPACT ON THE QUALITY OF CARE:

The absence of agreement on the aide's job content and the lack of standardized curricula also have an adverse effect on the provider's ability to evaluate the quality of patient care. In order to assure patients of the quality of care, the health community has developed an extensive system of credentialism and licensure requirements for many of its professionals. But what about the aide? Aide level training programs are too numerous and too varied in quality and content to provide any assurance as to the quality of care. The scope and content of the aide's job varies too much even within patient care settings to provide an acceptable rule of thumb for gauging her qualifications based on experience. Assurance, then, for quality of aide level performance is solely the arbitrary responsibility of the supervisor.

The recurrent theme in this discussion of the problems surrounding aide-level nursing personnel is the absence of agreement on job content for aides and the lack of a standardized curriculum.

A more defined concept of an aide's job content and a standardized curriculum would contribute to the alleviation of some of the problems surrounding aide-level nursing. But to be effective, such a defined concept and standardized curriculum would have to be based on analysis of what the aide does on the job, complemented to a limited extent by the realistic expectations on the part of aide employers, the providers of care.

Developed in this manner, the more defined role for the aide and a standardized curriculum would make the aide a more known and measurable quality. This would lessen the adverse effect of turnover on the cost and quality of care. It could be the base point for realistic horizontal and upward mobility for aide-level personnel.

MISALLOCATION OF TASKS:

> Theoretically, tasks which are adequately performed in lower level job titles, or can be performed at lower levels, are misallocated when they are also done by persons in upper levels titles. If an institution wishes to make better use of scarce and expensive upper level manpower resources, such data are of relevance... Misallocation of tasks is expensive. The advantage of having overlap data is that, given acceptable performance of the task in currently overlapped titles, there is prima facie argument for downward assignment of overlap tasks to lower salary levels.[1] (underlining added for emphasis)

The nature and extent of overlap in task performance between NAs, LPNs and RNs (documented earlier in quotations from Wood, and Goldstein and Horowitz) suggest that primary responsibility for many tasks could be allocated to aide-level personnel. This could be done without diminishing the quality of care, and significant economies could be achieved in the process.

II. - FOOTNOTES

Page 11 [1] Eleanor Gilpatrick, Health Services Mobility Study, pp. 1-5 of Technical Report #11, 1972

Page 12 [1] Adapted from a paper by Lucille A. Wood, R.N., MS, before the Directors of Nursing/Hospital Council of Southern California workshop on "Implementation of a National Commission for Nursing and Nursing Education Report," Los Angeles, California, November 30, 1971, as quoted in Career Model for Nurse Practitioners

Page 13 [1] Goldstein & Horowitz, Restructuring Paramedical Occupations, p. 52, Volume I. Goldstein & Horowitz go on to state:

> It may be relevant to note here some of the conclusions of the recent progress report of the Social Development Corporation entitled Final Progress Report, Phase I, Technical Assistance to Comprehensive Services Projects on Manpower Development. This project used the Gilpatrick methodology, which was more dependent upon observations than our study. Its conclusions were:
>
> 1. "With reference to these 51 items, at least one Registered Nurse, Licensed Practical Nurse, and Nurse Aide, are performing identical tasks in 14 cases (27.4%).
> 2. In 45 of 51 cases (88.2%) Registered Nurses and Licensed Practical Nurses are performing identical tasks.
> 3. In 18 of 51 cases, (35.3%) Registered Nurses and the Nurse Aide are performing identical tasks.
> 4. In 19 of 51 cases (37.2%) Licensed Practices Nurses and the Nurse Aide are performing identical tasks."

Page 14 [1] Carzo & Yanouzas, Formal Organizations, A Systems Approach, p. 293, describe learning curve in the following manner:

> "Learning curve is a term used to describe the increase in worker productivity as the worker becomes more familiar with his job.
>
> In the aircraft industry, formal learning patterns were observed as early as 1925, and a report on their importance for estimating costs of airplane assembly was published as early as 1936. These reports indicated that as employees perform the same tasks over and over again, they become more and more productive, with the result that less and less direct labor is required per

unit of output. While this finding hardly seems startling, the additional findings that the improvement in performance followed a regular enough pattern to allow predictions, has had tremendous significance to organization planners who must determine future personnel needs, estimate future costs, determine prices for contract bidding, and develop budgets."

Page 15 [1] Eleanor Gilpatrick, Health Services Mobility Study, p. 4-8 of Technical Report #11, 1972

III. OBJECTIVES, ORGANIZATION AND APPROACH

Statement of the Problem

There is little standardization of curricula for use in educating and training H-HHAs in the metropolitan Washington area. This problem also applies to education and training programs that prepare Nurse Aides to function in hospitals, clinics, nursing homes, extended-care facilities, and private homes. The unique contribution and the basic commonalities in knowledge and expected practice required of both aide level personnel and LPNs, needs to be identified. This will promote improved utilization patterns, the effectiveness of supervision given to these workers, and the quality of patient care provided.

In addition, there is presently no effective system which allows for and encourages horizontal and vertical career mobility for either the H-HHA or the NA prepared to function in any of the above settings.

Objectives of the Study

The objectives of this study were to:

1. Conduct a comparative task identification of H-HHAs, NAs and LPNs in those health facilities and patient-care settings where these personnel function.

2. Identify commonalities in performance and among H-HHAs, NAs, and LPNs.

3. Identify elements of a core curriculum based upon commonalities of both performance and a review of established standards and training manuals. This curriculum should encourage upward and horizontal mobility for H-HHAs and NAs.

4. Determine the feasibility, efficiency and effectiveness of a uniform or standardized universally utilized curriculum to educate and train H-HHAs and NAs.

5. Make recommendations, based on the above, designed to improve the distribution, supply, quality, utilization, and efficiency as appropriate to Homemaker - Home Health Aides and Nurse Aides.

6. Compare the characteristics of the environment within which this study took place in order to assess the application of the methodology used and the results obtained to other communities across the country.

CHARACTERISTICS OF THE METROPOLITAN WASHINGTON AREA

This study covers the metropolitan Washington area, the population of which is approximately 2.7 million people.

The area comprises:

District of Columbia	756,492
Montgomery County, Maryland	502,716
Prince Georges County, Maryland	657,628
Arlington County, Virginia	174,284
Alexandria, Virginia	110,938
Fairfax County, Virginia	487,763
	2,689,821

(Population statistics are from 1970 Census)

Within this metropolitan area there are three state level and six local level jurisdictions. With respect to the subject matter areas of this study there is very little coordination across state lines. The education, training and utilization of health aide personnel in each jurisdiction are subject to the laws and regulations of that state. Health planning as well as manpower planning is done on a county level (or city level in the case of Alexandria and Washington), or a regional level, but not across state lines. The training of health personnel which might be done through vocational education is conducted through the local education agency which is in each instance the local school system. Education and training conducted in hospitals, nursing homes, and by private industry is conducted individually with little or no coordination within or across local jurisdictional lines.

NURSING POPULATION

One of the more serious problems with respect to conducting studies on aide level personnel is developing a quantitative perspective from which to qualify any conclusions and/or recommendations. There are no formal statistics on this segment of the work force available.

- Census statistics do not provide a fine enough breakdown on occupational data to identify this group of people.

- The District of Columbia Manpower Administration has statistics on "attendants, hospital and other institutions," but these figures included all types of attendants in addition to nurse aides and orderlies.

- Health Resource Statistics, DHEW, publishes statistics on aides, but only on a statewide basis, and only those employed in hospitals.

- Statistics were available from a local study conducted jointly in 1968 by the Health Facilities Planning Council of Metropolitan Washington and the Metropolitan Washington Council of Governments. But these were based solely on the needs of area hospitals. Statistics from these sources are provided on the following pages:

Table III-1
Forecast of Occupational Demand, Metro, D.C. 1973[1]

Occupation	Annual Replacement	Annual Growth	Total Demand
Nurse Professional/RN	665	654	1319
Nurse Practical/LPN	331	379	710
Attendant/Aides	748	906	1654

Table III-2
Occupational Employment, Metro, D.C.[2]

Occupation	1972	1973	1974	1975
Nurse Professional/RN	13,972	14,446	15,131	15,847
Nurse Practical/LPN	5,334	5,713	6,122	6,562
Attendants/Aides	11,553	12,459	13,429	14,467

These Metro figures include Prince William and Loudon counties.

Projection of total nursing occupations employed in Washington Area Hospitals:[3]

	1970	1975
RNs	3787	5529
LPNs	1674	2444
Aides	2750	4016

Table III-3
Registered Nurses According To Activity Status And Ratio To Population: 1966[1]

RN's	Total	Empl'd in Nursing	Not Empl'd in Nursing	Activity Status Not Rept'd	Empl'd in Nsg. Adjusted	Per 100,000 Pop.
Dist. of Col.	4,382	3,604	709	69	3,662	454
Maryland	15,250	9,480	5,158	252	10,005	277
Virginia	16,508	11,461	4,976	71	11,511	258

Licensed Practical Nurses: According To Activity Status & Ratio To Population: 1967[2]

LPNs						
Dist. of Col.	2,431	2,090	259	82	2,162	267
Maryland	3,990	3,025	912	53	3,065	82
Virginia	5,859	4,808	959	92	4,884	107

Aides Orderlies And Attendants Employed In Hospitals In Relation To Hospital Beds[3]

	Aides, Orderlies and Attendants	Aides, Orderlies and Attendants Per 1,000 Beds
Dist. of Col.	3,888	254.4
Maryland	10,421	311.8
Virginia	11,012	286.4

Table III-4

Projection of Paramedical Personnel Needs, Washington Area Hospitals[1]

1970-1985

	1970	1975	1980	1985
Nursing Service				
RNs	3787	5529	7545	9833
LPNs	1674	2444	3335	4347
Surgical Tech. Aides	155	227	310	404
Nursing Aides, Orderlies, Attendants	2750	4016	5480	7142

Civil Service

Civil Service GS 621 Nursing Assistants accounts for a large segment of the LPN/NA nursing personnel in the metropolitan area.

According to the latest figures this group is approximately 3,754 strong.[2]

Federal	2153 (10/31/71)
Veterans Administration	223 (approximately) (01/73)
District of Columbia Dept. of Human Resources	1378 (01/73)
Total	3,754

The entry level for nursing assistants with a high school education is GS 2 step 1. The entry level for nursing assistants with an LPN license is GS 3 step 1. From these entry level positions these personnel may proceed through the General Schedule grade and step levels until they arrive at GS 6 step 10. Once past the GS 3 step 1 level Civil Service makes no distinction between nursing assistants with an LPN and nursing assistants without LPN licensure.

It is not uncommon to find a nursing assistant who is not an LPN but has a higher grade and or step level supervising a LPN nursing assistant.

The salary rates of these personnel are considerably higher than their private sector counterparts. According to the Civil Service Commission the median grade for Federal GS 621 nursing assistants in the Washington area is GS 5 and the average salary is $7,595.

As was noted in the table displaying employment opportunities Civil Service offers fewer openings than other sectors. Once employed in the Civil Service System, nursing assistants tend to hold onto their jobs.

DISTRIBUTION OF FACILITIES

The 40 hospitals and 76 nursing homes in the metropolitan area, both government and private, are the prime employers of LPNs and NAs. LPNs and NAs are also employed by health departments, neighborhood health centers and clinics. The 12 providers of home care in the metropolitan area, both government and private, are the sole employers of H-HHAs.

The table below indicates the distribution of these facilities throughout the metropolitan area.

Table III-5
Distribution of Facilities[1]

	Hospital	Nursing Home	Home Health Providers
District of Columbia	24	17	4
Virginia (metropolitan area)	9	15	6
Maryland (metropolitan area)	7	44	2
TOTAL	40	76	12

PROJECT ORGANIZATION AND APPROACH

A number of factors influenced the organization and approach of this Study. The factors listed below are among those that impacted more heavily.

- The number of occupations to be studied: LPN, NA, H-HHA.
- The number of patient care settings in which they functioned.
- The number of political jurisdictions in the metropolitan area.
- The requirement to address the question of mobility.
- The manpower and fiscal resources available.
- The total dependence upon the voluntary cooperation of providers of care and their employed respondents.

To arrive at a core curriculum for H-HHAs, NAs, and LPNs, these occupations had to be studied in each of the patient-care settings in which they functioned: hospital, nursing home, and home health agency. To study the potential for horizontal mobility, these occupations had to be studied in more than one facility in each of the patient-care settings. The possible effect that the laws and regulations of each of the three jurisdictions added another variable increasing the number of facilities. These requirements meant that at a minimum, these occupations had to be studied in at least three hospitals, three nursing homes, and three home health care organizations. The total dependence upon the voluntary cooperation of the providers of care for participation of the study indicated that the methodology used to examine aide utilization would have to have the absolute minimal disruptive effect on the normal conduct of the health facilities routine.

The primary constraint in developing an approach to studying H-HHAs, NAs and LPNs in these facilities was that of available manpower. Therefore, the approach taken was designed to get maximum utilization of the staff and resources available.

The initial period of the study was marked by a four-pronged effort to:

1. Establish an advisory committee.
2. Conduct a literature search on
    a. Task identification
    b. Task analysis
    c. Curriculum development.
3. Identify the health and training resources in the metropolitan area.
4. Develop a methodology through which to inventory the health and training resources.

These efforts were carried out concurrently. (See following flow charts)

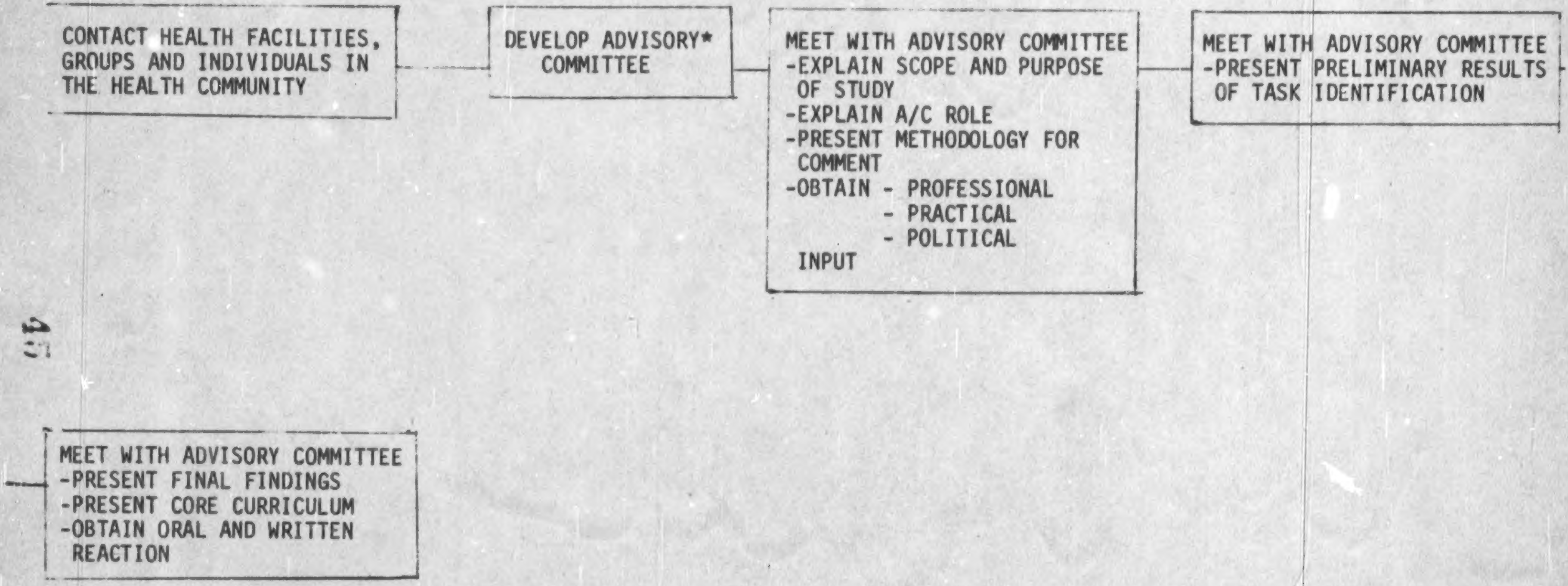
In early January 1973 all of the hospitals, nursing homes, providers of home care, and LPN and Nurse Aide training organizations which had been identified were surveyed by mail. The survey inventory document requested data on pre-service and in-service training programs, staff sizes, administrative and demographic data.

Concurrent with the inventory effort, the task identification methodology was finalized and the task inventory questionnaire was developed, piloted and finalized. (See Appendix)

In February and March, 1973, numerous providers of care were contacted for the purposes of obtaining their agreement to participate in Task Identification.

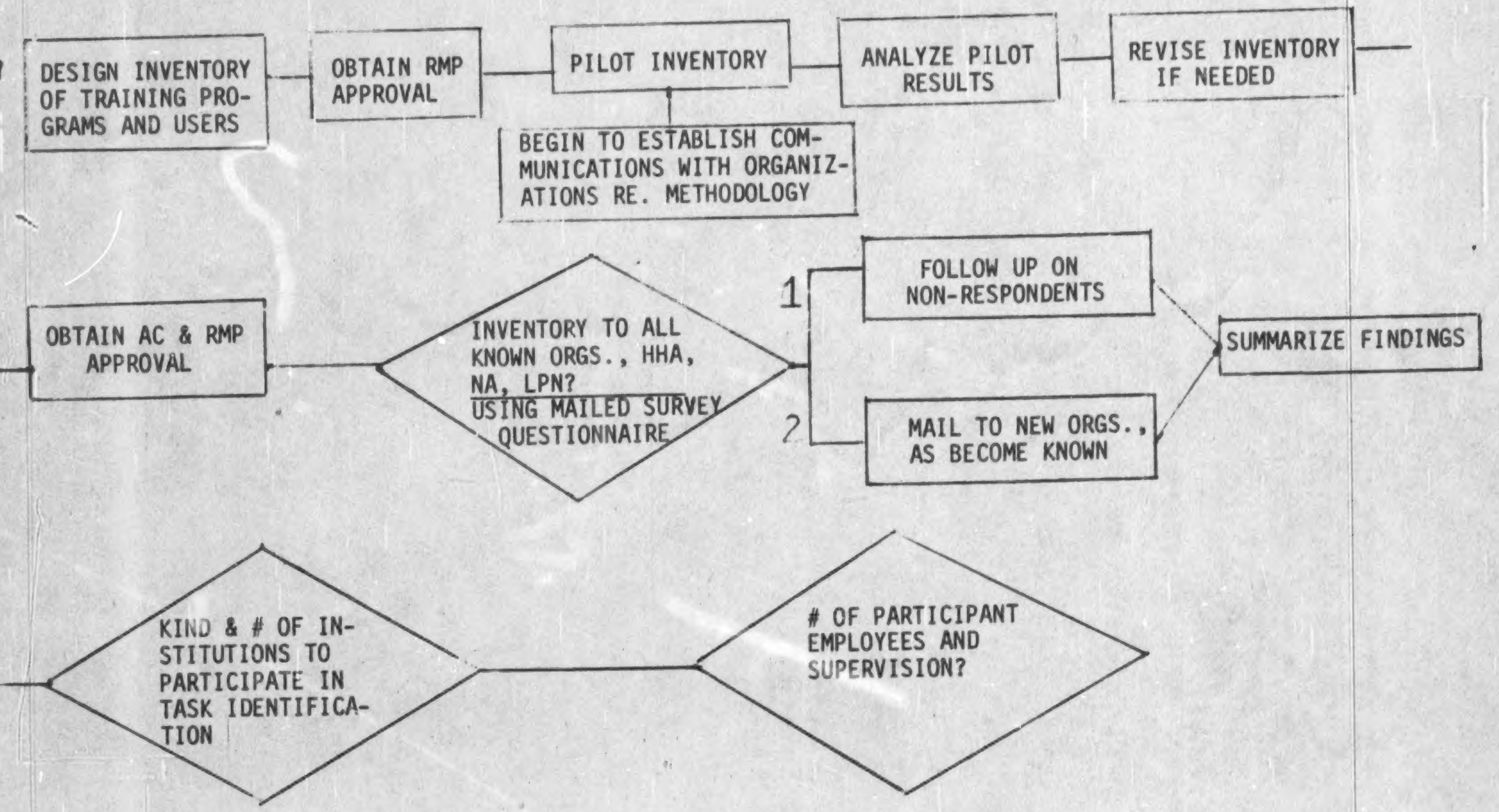
I. ADVISORY COMMITTEE

(ONSET AT PROJECT START)


CONTACT HEALTH FACILITIES, GROUPS AND INDIVIDUALS IN THE HEALTH COMMUNITY
DEVELOP ADVISORY* COMMITTEE
MEET WITH ADVISORY COMMITTEE
-EXPLAIN SCOPE AND PURPOSE OF STUDY
-EXPLAIN A/C ROLE
-PRESENT METHODOLOGY FOR COMMENT
-OBTAIN - PROFESSIONAL
- PRACTICAL
- POLITICAL
INPUT
MEET WITH ADVISORY COMMITTEE
-PRESENT PRELIMINARY RESULTS OF TASK IDENTIFICATION
MEET WITH ADVISORY COMMITTEE
-PRESENT FINAL FINDINGS
-PRESENT CORE CURRICULUM
-OBTAIN ORAL AND WRITTEN REACTION

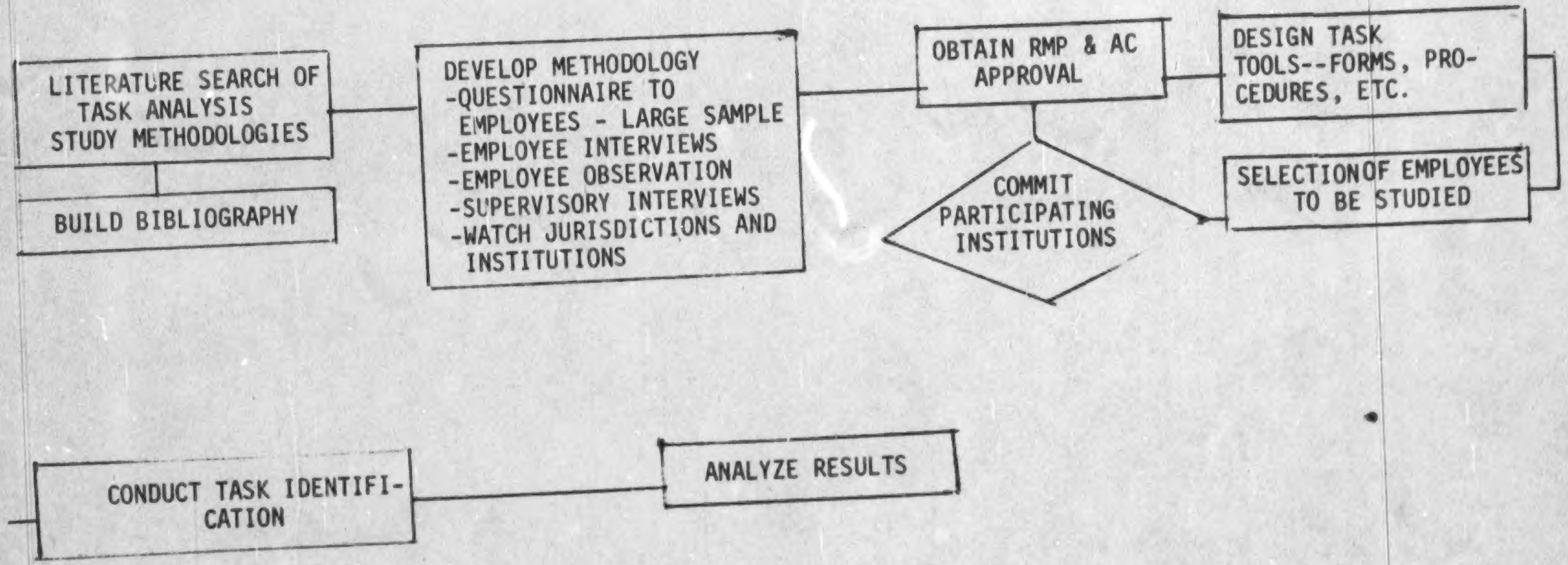
II. INVENTORY OF COMMUNITY RESOURCES INVOLVED IN THE EDUCATION, TRAINING AND UTILIZATION OF HHHAs, NAs, AND LPNs

(ONSET AT PROJECT START)

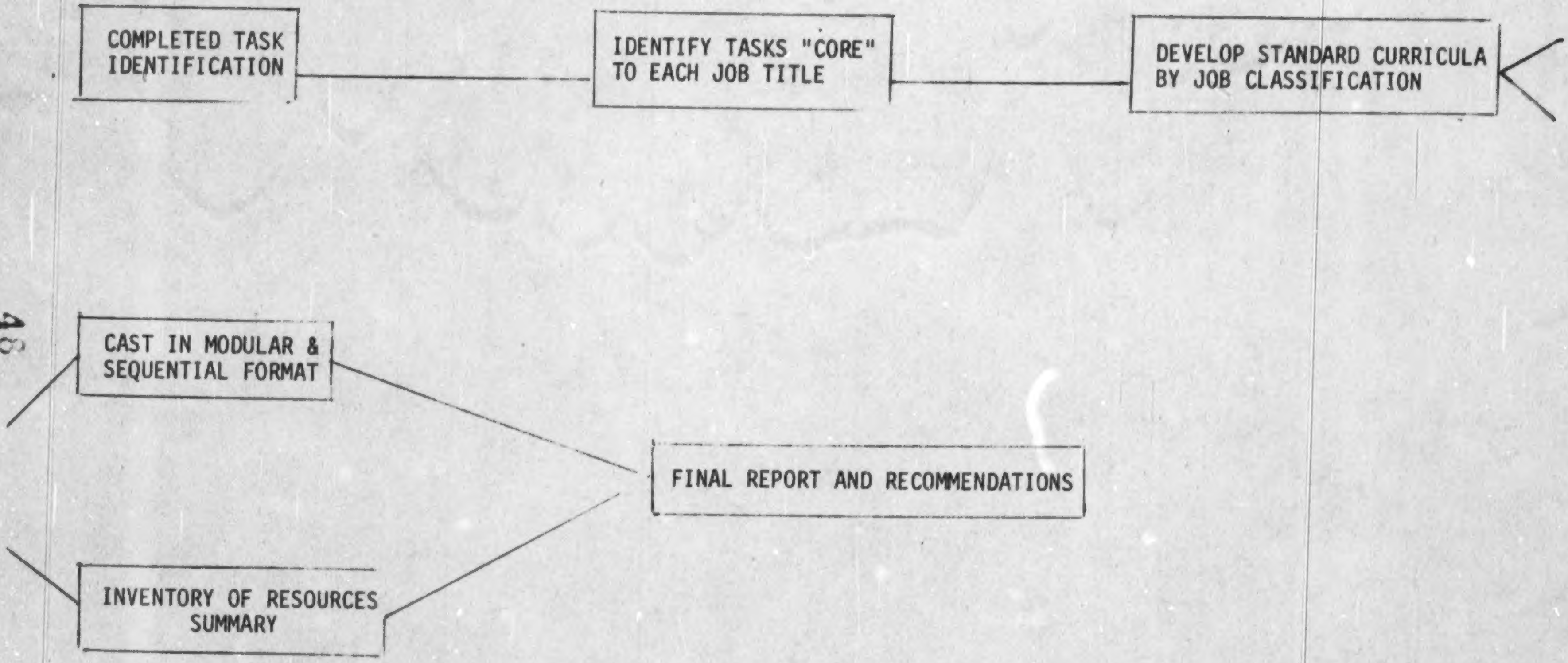

DESIGN INVENTORY OF TRAINING PROGRAMS AND USERS
OBTAIN RMP APPROVAL
PILOT INVENTORY
ANALYZE PILOT RESULTS
REVISE INVENTORY IF NEEDED
BEGIN TO ESTABLISH COMMUNICATIONS WITH ORGANIZATIONS RE. METHODOLOGY
OBTAIN AC & RMP APPROVAL
INVENTORY TO ALL KNOWN ORGS., HHA, NA, LPN?
USING MAILED SURVEY QUESTIONNAIRE
1
2
FOLLOW UP ON NON-RESPONDENTS
MAIL TO NEW ORGS., AS BECOME KNOWN
SUMMARIZE FINDINGS
KIND & # OF INSTITUTIONS TO PARTICIPATE IN TASK IDENTIFICATION
# OF PARTICIPANT EMPLOYEES AND SUPERVISION?

III. TASK IDENTIFICATION

(ONSET AT INVENTORY MAILING)


LITERATURE SEARCH OF TASK ANALYSIS STUDY METHODOLOGIES
BUILD BIBLIOGRAPHY
DEVELOP METHODOLOGY
-QUESTIONNAIRE TO EMPLOYEES - LARGE SAMPLE
-EMPLOYEE INTERVIEWS
-EMPLOYEE OBSERVATION
-SUPERVISORY INTERVIEWS
-WATCH JURISDICTIONS AND INSTITUTIONS
OBTAIN RMP & AC APPROVAL
COMMIT PARTICIPATING INSTITUTIONS
DESIGN TASK TOOLS--FORMS, PROCEDURES, ETC.
SELECTION OF EMPLOYEES TO BE STUDIED
CONDUCT TASK IDENTIFICATION
ANALYZE RESULTS

IV. CURRICULUM BUILDING
(ONSET AT END OF TASK IDENTIFICATION)


COMPLETED TASK IDENTIFICATION
IDENTIFY TASKS "CORE" TO EACH JOB TITLE
DEVELOP STANDARD CURRICULA BY JOB CLASSIFICATION
CAST IN MODULAR & SEQUENTIAL FORMAT
FINAL REPORT AND RECOMMENDATIONS
INVENTORY OF RESOURCES SUMMARY

ADVISORY COMMITTEE

From the outset, this study was viewed as a community effort. It was from the community that the information and cooperation necessary to perform the study had to be obtained. It is the community that would benefit from successful completion of the study. It is within the community that the results and recommendations of the study would be evaluated and, hopefully, implemented.

The study staff was primarily the agent for performing the work of data gathering, analysis, etc., with the guidance and assistance of the community. It was realized that without the input from the community, both in terms of professional knowledge and practical application of results, the study would have limited impact and value.

Because the success of the study depended on community cooperation, one of the initial efforts was to identify those organizations, institutions, facilities and individuals either on the local or the Federal level that might have an interest in the project. The purpose was to contact these people and inform them of the scope and direction of the study and lay the groundwork for their future cooperation and advice. In some instances, this meant a telephone call to appropriate people. In other instances, it meant developing and making presentations to groups.

Presentations were made to the following groups: Northern Virginia Nursing Home Association; Nursing Council, Metropolitan Washington Regional Medical Program; Manpower Development Division of the Hospital Council of the National Capital Area.

From among those contacted who evidenced an interest in the study we gathered an advisory committee.

The advisory committee included people from the nursing profession, from the Federal level, from the various patient-care settings, and from the education-training community. The committee's make-up also reflected the various geographic components of the Washington area.

The study benefited from the Advisory Committee in two ways. As a formally constituted body of advisors the Advisory Committee met on three occasions. In these instances it served as a forum for the presentation and discussion of methodological concepts, problems of practical procedural nature and an awareness of political constraints. These meetings also provided an excellent setting in which the findings could be reviewed analytically and then professional and political implications could be assessed. The members also made themselves available for individual consultation on subjects within their specific areas of expertise.

Members of the Advisory Committee are listed at the beginning of this report.

In April, May, and June, 1973, over 600 respondents were surveyed in eight hospitals, seven nursing homes and eight home health organizations throughout the metropolitan area.

The months of July, August, and September were marked by analysis of the data, development of the curriculum and preparation of the final report.

III - FOOTNOTES

Page 21 [1] Taken from Manpower Directions in Metropolitan Washington, D.C., a forecast of manpower demands in employment by industry and occupation, 1970 - 1980, pp. 29 - 32

Page 21 [2] IBID, pp. 49 - 52

Page 21 [3] Commission on the Organization of the Government of the District of Columbia. Report of . . . Volume III, p. 625

Page 22 [1] Cited in Health Resources Statistics, U.S. Department of Health Education and Welfare, National Center for Health Statistics, pp. 173 - 188, 1971

Page 22 [2] IBID

Page 22 [3] IBID

Page 23 [1] Commission on the Organization of the Government of the District of Columbia. Report of . . . Volume III, p. 625

Page 23 [2] Statistics developed by project staff

Page 23 [1] IBID

IV. IDENTIFYING RESOURCES

METHODOLOGY

In order to develop data which would bring the whole subject of health aide personnel into perspective, an inventory of those organizations involved in the education, training, and utilization of LPNs, NAs, orderlies and H-HHAs was undertaken.

The inventory was conducted by survey questionnaires. The survey instrument was divided into three parts: Pre-service Training, In-service Training, and On-board Personnel.

Each segment included questions about eligibility criteria, demographic data, and administrative data.

Once developed, the questionnaire was piloted successfully among 20 health facilities in the Metropolitan area. After piloting, it was revised and mailed to all hospitals, nursing homes, providers of home health care and all independent trainers of LPNs, NAs, and orderlies. (See Tables IV-2 and IV-3 for list of trainers; see Appendix for list of providers) A breakdown of those providers of care who responded is provided in Table IV-1.

Table IV-1
Responding Providers

	Hospitals	Nursing Homes	Providers of Home Health
No. of Providers in the Metro Wash. Area	40	76	12
No. of Providers of Care Responding	11	12	6
% of Providers Responding	27.5	15.8	50.0
Respondents as a % of Resources*	@50%	@30	@80

*"Resources" equals beds in institutional settings, number of people served in home care settings.

PRE-SERVICE TRAINING

Pre-service education training is education and training given to a trainee prior to utilizing him/her. It makes no difference whether the individual is on the payroll or not. Also included in this definition are education and training programs such as "Manpower Programs" and career education that have no direct connection with any particular institution.

PRE-SERVICE TRAINING OF NURSE AIDES

Pre-service training for nurse aides takes place in the following settings:

	LPN	Nurse Aide
1. Hospital	X	X
2. School System	X	X
3. Manpower Training Program	X	X
4. Private Industry		X

A listing of such Pre-service Training Programs will be found later in this chapter.

Hospitals

Since hospitals tend to conduct these programs to meet their own manpower needs, the size of the classes and the length and frequency of the training services differ from hospital to hospital.

Eligibility Criteria: The eligibility criteria for these NA programs were:

Age: Usually 18, except where a hospital participated with a school system.

Education: Minimum education 10th grade; several programs required high school diploma or equivalent.
Prior work experience: generally not required

Speak English fluently: at least well enough to communicate with patients.

Those hospitals with pre-service programs which responded to the survey (four out of 10) indicated that the demographic makeup of their pre-service enrollment corresponded rather closely to the minimum eligibility requirements.

Training programs of this nature are generally financed from operating funds. In some instances hospitals have managed to get funding from manpower training monies, either through the local office of the state employment service or other sources of Manpower Development Training Act (MDTA) funds.

School System

A number of aide programs were identified in Table IV-2.

Manpower Programs

Manpower programs funded under MDTA (MDTA is the abbreviation for the Manpower Development and Training Act administered by the Manpower Administration, U.S. Department of Labor) provide more financial support for aide-level training than does any other group of federal programs. Training programs so funded may be conducted in community action agencies, model cities agencies and similar kinds of organizations, in addition to the educational institutions and health facilities.

Private Industry

A number of private industry NA training programs were identified by the study. Several of them were included in the survey, but no response was received from this sector.

Table IV-2
Training Programs - Washington, D.C.

Program Title	Institution	Admission Requirements	Degree or Certificate	Length	Program Begins	Class Size	Tuition	Affiliation
NURSING								
Student Nurse Aide	National Orthopedic & Rehabilitation Hospital	H.S. graduate, 16 yrs. of age	Certificate	40 hrs. of classwork plus experience in hospital	Aug.	10	None, trainee salary	Alexandria school system
Nursing Assistant (Aide)	Alexandria Hospital	11th grade completion, H.S. graduate preferred	Certificate	6 wks	As needed	10-12	None	None
	Arlington Hospital	H.S. graduate, 18 yrs. of age	None	3 wks	As needed	8-12	None	None
	Doctors Hospital	10th grade completion, H.S. graduate preferred	Certificate	8 wks.	Varies	15	None	None
	Georgetown University Hospital	Minimum of 10th grade completion	Certificate	10 wks.	As needed	6-8	None, trainee salary	None
	Margaret Murray Washington Vocational High School	10th grade	Certificate	4 mos.	Sept. Jan.	20	None for D.C. res.	D.C. General Hospital, Freedmen's Hospital, Washington Hospital Center
	National Orthopedic & Rehabilitation Hospital	10th grade completion	Certificate	3 wks	As needed	12-15	None, trainee salary	None
	Prince George's General Hospital	10th grade completed	Certificate	6 wks	As needed	Varies	None	None

The Metropolitan Washington Regional Medical Program. Health Careers, A Guide to Educational and Training Programs in the Metropolitan Washington Region. 1973.

Program Title	Institution	Admission Requirements	Degree or Certificate	Length	Program Begins	Class Size	Tuition	Affiliation
NURSING (Continued)								
Nursing Assistant (Aide)	Rogers Memorial Hospital	H.S. graduate	Certificate	5 wks	Varies	10-12	None	None
	Washington Adventist Hospital	H.S. graduate	Certificate	3 wks	As needed	15	None, trainee salary	None
	Washington Hospital Center	10 grade completion	Certificate	10 wks	Varies	Varies	None, trainee salary	None
Psychiatric Nursing Aide	Northern Virginia Mental Health Institute	H.S. graduate, 18 yrs of age	Eligible to work as Psychiatric Nursing Aide at another Va. State Institution	3-4 mos.	1st and 15th of each mo.	Varies	None, trainee salary	None
Licensed Practical Nurse	Alexandria Hospital Alexandria Schools	10th grade completion, or H.S. students entering Sr. Yr.	Diploma, eligible for state L.P.N. exam	18 mos.	Sept.	30	None	Alexandria Schools 9 mos. Alexandria Hospital 9 mos.
	Anna Burdick Vocational High School	H.S. student, aptitude test	H.S. diploma, Certificate, eligible for state L.P.N. exam	52 wks. during tenth, eleventh and twelveth grades	Sept.	25	None to D.C. resid.	Children's Hospital, D.C. General Hospital Freedmen's Hospital, George Washington Univ. Hospital, Providence Hospital Washington Hospital Center
	Fairfax County Public Schools	10th grade completion or G.E.D.	Diploma, eligible for state L.P.N. exam	18 mos.	Sept.	60	None	Fairfax Hospital

Program Title	Institution	Admission Requirements	Degree or Certificate	Length	Program Begins	Class Size	Tuition	Affiliation
NURSING (Continued)								
Licensed Practical Nurse	Hannah Harrison School of YWCA	H.S. graduate or equivalent, must be a YWCA resident during training	Diploma, eligible for state L.P.N. exam	12 mos.	Sept.	25	[illegible]e	Children's Hospital, Georgetown University Hospital, Sibley Memorial Hospital
	Margaret Murray Washington Vocational High School	In 10th grade, H.S. graduate, or equivalency	H.S. diploma, Certificate, eligible for state L.P.N. exam	12 mos.	Sept.	25	No tuit. for D.C. resid.	D.C. General Hospital, Freedmen's Hospital, Washington Hospital Center
	Prince George's General Hospital	H.S. graduate or equivalency, 17-45 yrs. of age	Diploma, eligible for state L.P.N. exam	50 wks	Sept.	60	$125/yr.	None
	Suburban Hospital	Minimum of 10th grade completion	Certificate, eligible for state L.P.N. exam	12 mos.	Sept.	30	$300/yr. includes tuition, books & uniforms	None
	Washington Adventist Hospital	H.S. graduate	Certificate, eligible for state L.P.N. exam	12 mos.	Aug.	25	$425/yr.	None

Table IV-3
Additional Educational and Training Programs
(Identified during the course of the study by the Project Coordinator)

Program Title	Admission Requirements	Length	Class Size	Affiliation
Automation Academy 724 14th Stl, N.W. Washington, D.C. 20005	*	*	*	*
CTI (Career Training Institute) 711 14th St., N.W. Washington, D.C. 20005	*	*	*	*
District of Columbia Training Center	*	*	*	*
Medical Aides Training Center 1341 G St., N.W. Washington, D.C. 20005	*	*	*	*
Montgomery County Schools 850 Hungerford Drive Rockville, Maryland	17 or over Able to read	12 wks. 480 hrs.	*	Hebrew Home
Montgomery General Hospital 18101 Prince Phillip Drive Rockville, Maryland	*	*	*	*
New Careers Training Program Saunders B. Moon Community Action Agency 8801 Cooper Road Alexandria, Va.	*	*	*	*

Program Title	Admission Requirements	Length	Class Size	Affiliation
Prince Georges County Schools	Sr. Year of high school Age 17-18	8-1/2 mos. 490 hrs.	11	D. C. General
Sibley Memorial Hospital 5525 Loughboro Rd. N.W. Washington, D.C.	Age 18 H.S. graduate preferred	3 wks.	*	None
Childrens Hospital 2125 13th Street, N.W. Washington, D.C.	*	*	*	*
Vocational Training Center Suite 498 National Press Building 14th and F Sts., N.W. Washington, D.C.	*	*	*	*

* Information not readily available at time of study

Pre-service Training of Aides in Nursing Homes

No nursing homes which responded to this survey are known to maintain pre-service training programs. They, like many other institutions, provide training on an in-service or on-the-job basis. The relatively small size of the nursing home staff is probably the determining variable. The largest nursing home in the survey had 73 NAs on its staff.

PRE-SERVICE TRAINING OF HOMEMAKER-HOME HEALTH AIDES

During the past year at least 44 H-HHAs have been through pre-service training. Thirty-three of these were trainees of one provider. Because providers of home health care hire relatively fewer people during the course of the year, they can afford to conduct these training programs on an "as needed" basis, tailoring the content to the few people going through the training program at the time.

The length of a training cycle varied from provider to provider. In instances where home-care providers were staffed with state employees, the pre-service training program was somewhat more prescribed than those in the private sector.

Eligibility Criteria

The eligibility criteria of these training programs are interesting. In one way they are more relaxed than those for other patient care settings. Two programs only require basic "3-R" skills for education criteria.

Yet in another way they may be more restricting. One agency established 30 as a minimum age criteria. Other providers who are certified by medicare and whose employees must make "intermittent" visits require their prospective trainees to have a current driver's license and be able to provide their own automobile transportation.

This last requirement would tend to nullify the idea of the Homemaker-Home Health Aide position as an opportunity for the disadvantaged.

Eligibility criteria:

Age: The minimum age requirement ranged from 18 to 30 years of age. One organization set 30 as a minimum age requirement in order to screen in "maturity."

Education: Basic 3-R skills to high school diploma.

Prior work experience: Preferred but not required in all instances.

Speak English fluently: Respondents divided

Have current driver's license: Respondents evenly divided "yes" and "no."

Be able to provide own automobile transportation? Two agencies responded "yes."

There was some disparity between the demographic data on trainees and the eligibility criteria.

The age of the trainees tended to be well over the minimum requirements.

Where responding providers listed the past work experience of the trainee, that experience was usually as an NA in a hospital or nursing home, or as a domestic.

The training provided by such programs is planned and carried out by an experienced RN with a baccalaureate degree.

The pre-service training programs for the home health efforts of the Health Departments of the three suburban Virginia communities are laid down by the state of Virginia.

All providers indicated that training programs were supported through operating funds.

IN-SERVICE TRAINING

In-service training or education is education and training provided by the institution after the employee has been utilized in patient care. This definition includes on-the-job training (OJT), seminars, lectures, etc.

In-service training is conducted by nearly every provider of health care.

In-service training was conducted as a normal part of shift work by all those conducting in-service training. In many instances responding employers indicated that in-service training was conducted in addition to normal shift work and that employees were compensated for their time. This would appear to indicate that in-service training is conducted mainly during the day shift and that personnel who work other shifts are present for such training and are compensated for the extra time.

Providers of care from each patient care setting tended to be divided about the perception of rewards for participation. Only slightly more providers indicated that there were no rewards for participation in in-service. Some viewed participation as the normal progress of work in their facility. Among those responding facilities that did indicate rewards for successful participation, rewards took the form of eligibility for promotion and pay increases or favorable comment or evaluations.

Table IV-4
Frequency With Which In-service Training Was Conducted

	Hospitals			Nursing Homes			Providers of Home Health Care	
	LPN	NA	Orderly	LPN	NA	Orderly	LPN	H-HHA
More Than Once a Week	0	1	0	0	2	1	0	0
Once a Week	1	1	0	2	5	2	0	0
Twice a Month	0	0	0	2	4	3	0	1
Once a Month	4	4	2	1	2	0	0	2
Periodically	7	7	5	0	0	1	1	2
No Response								

One hospital uses in-service as its prime mode of training, conducting 10 hours a week/3 days a week for the employee's first six months of employment

Nursing homes tend to conduct in-service more often than hospitals and home health providers because it is the chief way they train new employees in patient-care.

Table IV-5
The Planning of In-service Training

	Hospital	Nursing Home	Home Health Provider
Full-time Duty	8	1	0
Collateral Duty	3	14	5
No Response	2	0	0

Size seemed to be one factor which had a close correlation with whether or not planning in-service training was a full-time duty.

Two of the three hospitals with part-time in-service directors are very small. The only nursing home with a full-time in-service director was one of the larger of such facilities in the area. If the availability of resources is a factor of size, then this distribution is understandable.

Table IV-6
Qualification of the Person Planning In-service

	Hospital	Nursing Home	Home Health Provider
less than RN		1	
RN	3	11	2
BSN	2	2	2
MSN	7	0	1
No response	1		

In response to the question, "What are the qualifications of this individual (planning in-service education)?;" responding facilities were free to write in their own designations, "RN," "BSN," "MSN" etc. Because of this, it is impossible to conclude that none of those in-service planners tallied under "RN" had a degree in nursing. The distribution may indicate that those responding for hospitals were more precise. On the other had it may also indicate that since hospitals' in-service programs provide training to RNs as well as LPNs and aides, qualifications of their in-service training personnel are higher than those of nursing homes and home health care providers who do not provide comparable in-service to RNs.

Those hospitals whose in-service director was an "RN" rather than a "BSN" or "MSN" were the smaller hospitals, all of whom indicated that in-service was a collateral duty. Does the collateral job attract someone with qualifications to plan and direct training?

All three patient-care settings indicated that in many instances persons such as doctors, physical therapists, or others qualified by special knowledge were called upon to conduct in-service training.

No responding facility indicated that it accurately kept track of the amount of money spent on in-service training. One hospital did indicate an overall budget figure for in-service but could not break it down by job title. A nursing home also indicated it kept track of in-service training monies but listed only wages it paid to employees during "release time."

CHARACTERISTICS OF THE HEALTH AIDE LABOR MARKET

Four points are worth review with respect to this subject:

1. Eligibility criteria used in the recruiting and selection of aide personnel.
2. Demographic data on aides currently employed.
3. Demand rate for aides.
4. Wages paid to aide personnel.

ELIGIBILITY CRITERIA FOR ENTRY LEVEL POSITIONS IN THE AIDE CATEGORY

Across the patient-care settings there is a good deal of similarity in the criteria which employers use in selecting personnel.

A few distinctions are to be made. It would appear that home health providers are only slightly, if at all, more relaxed in their educational requirements; yet the higher age requirement would indicate that they may place more emphasis on maturity. One home-care provider did establish a minimum preferred age limit above 21. (The home-care provider who set a preferred minimum age of 30 indicated that the reason for doing so was an attempt to screen for maturity)

The responding hospitals generally required or preferred applicants to have a high school diploma. Among nursing home and home-care providers this educational requirement was much less general. Two providers of home-care required basic 3-R skills, and this probably reflects the attitude of all those providers requiring less than a high school diploma.

Of those providers insisting upon prior work experience, not all required that it be nursing oriented. Many only wanted proof of good working habits.

Table IV-7
Eligibility Criteria for Aide Jobs in Metropolitan Washington Area

	Hospitals	Nursing Homes	Home Health Care
By Age			
16 - 17	1	3	
18 - 20	8	3	1
21 - 29	0	5	2
30+	0	0	1
No Response	4	5	2
Total	13	16	6
By Education			
No Requirement	1	2	
Basic 3-R Skills			2
Grade School		2	
Some High School		1	
High School Diploma Preferred	2	1	
High School Diploma	4	2	2
No Response	5	8	2
Total	12	16	6

Table IV-7 (Continued)

	Hospitals	Nursing Homes	Home Health Care
By Prior Work Experience			
Yes	6	3	1
Preferred		2	3
No	2	1	0
No Response	5	10	2
Total	13	16	6

Data obtained by mailed survey of providers January 1973

Many of those providers of home-care which are structured to provide "frequent and intermittent visits" require prospective employees to have a current driver's license. Most of those organizations also require the H-HHA be able to provide her own automobile transportation. Such criteria widely applied could have a serious affect on the recruitment of H-HHAs. Many people, like Brahna Trager, believe that "In the paraprofessional field there is an enormous potential in home health for those in the reservoir of unskilled, unemployed or underemployed individuals who can be trained quickly at relatively low cost."[1] However, if prospective H-HHAs were required to be able to provide their own automobile transportation, it could greatly restrict the size of the reservoir of unskilled, unemployed or underemployed individuals from which H-HHAs could be requited.

DEMOGRAPHIC DATA ON NEW HIRES AS REPORTED BY EMPLOYERS

The demographic data from home-care new hires is appreciably affected by one agency which had 33 new hires. However, with respect to age and education in hospitals and nursing home, the demographics of new hires tends to parallel their job requirements.

Table IV-8
Age and Educational Data on New Hires in Metropolitan Washington Area

New Hires by Age	LPNs Hospital	Aides Hospital	Aides Nursing H.	Home Health
16-21	10	29	105	0
22-30	48	127	142	8
31-40	20	36	96	31
41-50	10	12	25	40
51-65	1	1	5	20
65+	0	0	0	0
Total	89	205	373	99

New Hires by Education				
Less than 10th Grade License Required		12	33	17
10-12		51	128	22
High School Diploma		173	92	13
Post High Training		21	83	6
Total		257	336	58

Totals will not agree because not all responding providers answered all the questions.

Data obtained through mailed survey of providers of care, January 1973

DEMAND RATE FOR AIDES

The total Aide-level demand rate is derived by dividing the number of "on board personnel" into the number of "new hires." As such, it is neither a clean measure of turnover nor a clean measure of growth but a composite of the two. However, given the overall economic picture of the period to which this data applies, it is fair to assume that the rate more closely reflects turnover than growth. Thus, it is seen more as a statement of the hardships (to institutions and personnel) of a high turnover rate than of an area of plentiful opportunities.

From the data in Table IV-9 it is obvious that private sector nursing homes are hardest hit by this "rate" with an average annual rate of 75.7%; next are private sector hospitals with an average annual rate of 59.1%. The data show a much lower rate for the public sector than the private sector. Among the reasons for this would have to be more people remaining in Civil Service jobs because of better fringe and retirement benefits, and a decrease in the rate of growth of government services in this sector.

At rates seen in Table IV-9, private sector nursing homes can expect an entire new staff of aides every 16 months and private sector hospitals can expect 100% turnover within 20 month intervals. Assimilating new personnel into these organizations at these rates obviously has to work a hardship on the staffs and resources of these organizations.

To put this information into perspective it should be understood that the turnover rate for RNs in metropolitan Washington, according to the Nelsen Commission, runs annually at 35%.[1] Therefore, large turnover rates are not necessarily peculiar to aides. But whatever the root causes for turnover, it has its heaviest impact on aides.

Table IV-9
Demand Rate for Aides as a Percent of Onboard Personnel

Average Rate for All Providers	39.2%
Hospitals	
Government Hospitals	
(N = 4) average rate	14.3
high	17.6
low	7.7
Private Sector Hospitals	
(N = 6) average rate	59.1
high	116.8
low	23.7
Nursing Homes	
Private Sector	
(N = 9) average rate	75.7
high	200.0
low	0.0
Government	
(N = 1)	1.0
Home Health Providers	
Average rate	20.3
Government	
(N = 3)	0.0
Private Sector	
(N = 1)	30.5

Data obtained January 1973

WAGES PAID TO AIDE PERSONNEL (Table IV-10)

The following table displays the wage ranges for various patient-care settings. Wages for nurse aide/health aide jobs are lower than many other jobs for which aide personnel might qualify. For example, at the time this data was collected, a cash register clerk at a grocery store earned a starting wage of $4.19 an hour.

Among patient care-settings, nursing homes appear to provide the lowest entry level wages. Outside of Civil Service, home health care provides the highest wages to which aides can aspire: $3.54 an hour in the public sector and $3.28 in the private sector.

Table IV-10
Salary Ranges for Aides in Metro Washington Area
(January 1973)

		Entry Level	High
Civil Service	GS1 Step 1	$2.31	
	GS2 Step 2	2.62	
	GS3 Step 4*	3.24	
	GS6 Step 6**		$5.36
Private Sector Hospitals			
n = 8	Average	2.63	3.03
	High	2.92	3.25
	Low	2.45	2.65
Nursing Homes			
n = 10	Average	2.10	2.54
	High	2.36	3.00
	Low	1.70	2.00
Home Health Providers			
Public Sector (n = 2)	Average	2.75	3.54
Private Sector (n = 4)	Average	2.39	3.28

*Full Performance Nursing Assistant. The 4th Step is most commonly used for salary comparisons.

**Highest level Nursing Assistant, usually in a supervisory capacity.

Comparing patient-care settings by turnover and salaries shows a direct correlation between low salary and high turnover. Yet a careful inspection of salary/wages and turnover rates, facility by facility, shows that correlation between salary and turnover becomes very loose.

Table IV-11
Comparison of Wages and "Demand Rate" by Patient-Care Setting

"Demand Rate"	Patient Care Setting	Wages*
20.3%	Home Care	$3.36
59.1%	Hospital	$3.03
75.7%	Nursing Home	$2.54

*The wage figures reflect the average of the highest providers paid to their aide employees.

Table IV-12
Comparison of Wages and "Demand Rate," Facility by Facility
(January 1973)

Provider	Wages*	Demand Rate
A (HHA)	$3.57	0.0
B (HHA)	$3.51	-
C (HHA)	$3.44	22.7
D (HHA)	$3.25	0.0
E (Hosp)	$3.25	23.7
F (Hosp)	$3.20	NR
G (HHA)	$3.15	50.0
H (Hosp)	$3.07	NR
I (Hosp)	$3.00	51.0
J (NH)	$3.00	128.7
K (NH)	$2.80	NR
L (NH)	$2.75	NR
M (NH)	$2.70	47.0
N (Hosp)	$2.65	51.0
O (NH)	$2.50	33.0
P (NH)	$2.50	40.0
Q (NH)	$2.40	26.3
R (NH)	$2.40	50.0
S (NH)	$2.35	110.0
T (NH)	$2.00	50.0

---

*These wage figures reflect the highest wages paid by providers to their aide employees

COMMENTARY

With respect to the data gathered through the inventory of resources involved in the education, training, and utilization of aide personnel, two things are particularly worth further and special commentary:

1. The lack of accurate cost data with respect to pre-service and in-service training of aides.

2. The high rate of demand/turnover with respect to aides.

1. None of the responding organizations indicated that they accurately kept track of the dollars allocated to pre-service or in-service education.

To accurately keep track of these costs, an organization would have to be able to identify all the direct costs (i.e., salaries of trainers, materials, etc.) and indirect costs (i.e., cost of administrators' time to supervise the program and the training program's share of costs of central services, such as payroll, personnel administration, etc.)

Where these costs are identified, an organization can begin to understand the costs of training aides. They can construct units of comparison such as "dollars per training hour per aide." The health care administrator is in a much better position to: a) compare the effectiveness of his training efforts to those of similar organizations; b) make more accurate decisions as to the benefits of allocating dollars to training or allocating dollars to other areas that might mitigate the need for current levels of training.

2. Perhaps the most startling information to be developed concerned the rate of demand for aide level employees. Several hospitals and nursing homes experienced rates of demand for aide level employees approaching or over 100% of the number of aides they had on board. (Given the economic picture of the period to which this data applies, the data more closely reflects turnover than growth.)

With turnover at or near the average rates of 59.1% in hospitals and 75.7% in nursing homes, these facilities must find it close to impossible to benefit from learning curve phenomena. This situation of almost continuous turnover has to hamper the staff's ability to work together as a functioning unit. In such a situation how far can the mix of skills on the staff be raised from entry level?

If complete turnover can be expected in 16 months, then aides in nursing homes must be leaving just about the time they are learning their jobs. In this situation administrators are losing the dollars it cost to train and supervise the entry-level employee. They are also losing the dollars that could be saved due to increased productivity as aides continue to learn and become more competent in the performance of their jobs.

If, in fact, high turnover does affect a staff's ability to function as a unit and does tend to reduce the level of the mix of skills on the staff, then it must also have a negative affect on the quality of patient-care.

IV - FOOTNOTES

Page 54 [1] U.S. Senate. Special Committee on Aging. Home Health Services in the United States, p. 43

Page 56 [1] Commission on the Organization of the Government of the District of Columbia. Report of . . . Volume III, p. 637

V. TASK IDENTIFICATION METHODOLOGY

LITERATURE SEARCH

Another effort that marked the first phase of this study was an exhaustive literature search. Toward this effort, a great many people and organizations were contacted to identify experts in, and studies involving, task analysis and/or curriculum development from which this study could benefit.

Miss Helen Powers, who at the time was Health Occupations Specialist in the Bureau of Adult, Vocational and Technical Education, U.S. Office of Education, was particularly helpful in directing the Project Coordinator to a number of avenues of exploration which proved to be worthwhile.

The literature search turned up considerable activity at the state level -- usually in state vocational education agencies -- in the development of curricula for the health aide occupations. Nearly all of these were developed solely on the subjective perceptions of RNs or other professional people as to what constituted an aide's job. Several of these curricula, however, have received praise from outside the jurisdictions within which they were developed.

Four task identification analysis methodologies were identified which held considerable promise for the present study. In alphabetical order, they are:

- Dr. Sidney Fine, author of An Introduction to Functional Job Analysis.
- Dr. Eleanor Gilpatrick, Director of the Health Services Mobility Study, City University of New York.

- Dr. Harold M. Goldstein and Dr. Morris A. Horowitz, authors of Restructuring Paramedical Occupations.

- Miss Lucille Wood, R.N., M.S., Associate Director, Nursing Occupations, Allied Health Professions Project, University of California, Los Angeles.

Fine's Functional Job Analysis concentrates on what workers do in order to get work done. The basic unit of analysis is the task which generally is written in a statement comprising worker action, worker aids, results, and amount of judgment left to the performer. Each task is rated on its relationship with people, data and things. Descriptive and numerical performance standards are developed for the tasks. Based on these and the task statement, training content for each task is developed in functional content covering broad general skills and specific content covering job-unique skills. Then the task based on the overall training content is rated numericlly on three scales of general educational development: reasoning, mathematics, and language. The rating is to indicate which level of skills the worker must bring with him to the job in order to be able to accomplish the task.

Fine's basic resources for data are observation and interviewing task performers and their supervisors. His system approach to job analysis makes his methodology an excellent one for employers.

Dr. Eleanor Gilpatrick is the Director of the Health Service Mobility Study. The Study has been on-going for several years, supported by grants from the Office of Economic Opportunity, The Manpower Administration and the Health Services and Mental Health Administration.

The basic unit in Gilpatrick's methodology, as in Fine's, is the task. The principle concept in her definition is that of independence. The task must produce an identifiable output that can be independently used or acted upon by someone else. Gilpatrick's methodology, however, is quite complex. In rating a task, 17 scales can be used, including Consequences of Error to Humans, and Financial Consequences of Error. In her method tasks are independently identified by a team of at least two analysts/observers, and functions are clarified and specified by an interview with the task performer whose work has been observed. The analysts then describe the task. The final task description is the product of agreement between the analysts, approval by the project director, and review by a resource person at the institution where the analysis is being performed.

Goldstein and Horowitz conducted their study in Cambridge Hospital from June 1969 through January 1972. Their efforts covered nearly every job title in the hospital. The study draws upon relevant material from others, including Fine and Gilpatrick.

Their methodology included interviews with several personnel in each job title and separate interviews with their supervisors. From this material each task is defined in terms of its elements. Their very structured interview format was developed for each job title. The interview format on questionnaire consisted of a list of tasks to be used along with a previously developed list of task descriptions.

Most of the personnel in the subject job titles were interviewed. In order to validate the information obtained through interviews, observations of approximately 42% of the sample were made. (A total of 204 paramedical personnel were employed at The Cambridge Hospital. Of these 179 [87.7%] were interviewed. In addition, approximately 300 hours were spent observing the functions of 73 of those interviewed.)

The Allied Health Professions Project, University of California, Los Angeles was funded by the Office of Education to develop curricula and instructional materials for nationwide use in a variety of allied health occupational areas. This study used the survey methodology to collect its task data. Tasks were identified by the Associate Project Director based on her observations, experience, and review of the literature and discussions with nursing personnel and educators.

An example of a task as used in the AHPP study is "Carrying out Aseptic Technique." Tasks were broken down into elements, such as "Pouring Sterile Solutions," "Open Sterile Packages," etc. The tasks were grouped into six functional areas, and listed on the survey instrument. Through the survey instrument AHPP was interested in measuring three aspects of each task: frequency of performance, degree of supervision received, and difficulty of task.

Other task data such as Human Interaction, Psycho-Motor Coordination, Cognitive Level and Criticality were obtained through expert judgments made by the members of the project's Technical Advisory Committee.

The Task Inventory Survey was administered to 450 personnel in nursing occupations of RN, LPN, NA in six major cities across the country. The facilities through which these questionnaires were distributed were selected randomly. Each facility selected the respondents and a project staff member distributed the questionnaire.

For purposes of clarity it is useful to categorize these methodologies by their focus, macro or micro. The methodologies of Fine, Gilpatrick, and Goldstein and Horowitz fall into a micro category, focusing their attention on a single institution at a time. Wood's Task identification/analysis falls into the macro category.

The micro methodologies have the following commonalities:

1. The underlying assumption on which each of these methodologies is built is that an effective upward mobility program can take place within the hierarchy of a single employer.
2. Attention is focused on a single facility/employer at any one time.

3. A major outcome is written, sometimes two or three sentences in length.

4. Data is gathered through extensive interviewing and observation.

These methodologies, while appropriate to the study circumstances to which they were applied, were not suitable for the study objectives we were pursuing:

1. The prime drawback is the underlying assumption that a viable upward mobility program can take place within a single employing facility. Within the spectrum of employers in the delivery of health services only the very large hospitals employ enough people to have a hierarchy that might accomodate a viable upward program. The remainder of these employers (small hospitals, nursing homes, providers of home health care, clinics, etc.) employ too few people, have too few echelons of personnel or categories of personnel, to sustain a viable upward mobility program. For people working in these facilities, career mobility - horizontal or vertical- depends almost entirely on the transferability of their knowledge and skills from their current employer to potential future employers.

2. The focus of those methodologies on a single facility at any one time causes them to generalize from one specific instance.

3. The manner in which tasks statements are written, although excellent material from which to develop specific training programs, often contain too many specifics to be transferrable from facility to facility within a patient-care setting, or from patient-care setting to patient-care setting (ie., from hospital to nursing home).

4. Two drawbacks for the purpose of this study stem from the extensive interviewing and observation required by these methodologies.

   a) The extent of interviewing required by these methodologies requires a great deal of manpower and money. These constraints are considerable in light of the number of institutions to be studied in this project.
   b) Extensive interviewing and observation of task performers and their supervisors can be tremendously disruptive to the routine of a provider of care. Not only could it take a considerable amount of the employee's time away from his job, but the observation of task performance could cause embarrassment and uneasiness among the patients upon whom the tasks were being performed. Such possibilities are no small impediment to gaining the voluntary participation of a provider of care.

The macro methodology of Wood's is national in focus. The focus is on the tasks or task elements themselves and the involvement/association of the job titles with those tasks.

For the purposes of this study, the chief drawback to Wood's study is that there is no input from the employer/provider of care; and career mobility depends at least in part, on the perception of employers of the transferrability of the job applicants' knowledge and skills to the job for which he is recruiting.

All of these studies contributed materially to the development of our own methodology and particularly to our understanding of the problem of task identification/analysis in health aide occupations. Fine and Gilpatrick both provide an excellent way of looking at tasks. Organizations developing a detailed training program would be well served by using one of these methodologies.

DEVELOPING THE METHODOLOGY

The following factors impacted on our decision making during the course of the development of the methodology:

- Three occupations were to be studied: Licensed Practical Nurse (LPN), Nurse Aide (NA), and Homemaker-Home Health Aide (H-HHA)
- The number of patient-care settings in which they functioned.
- The number of political jurisdictions in the metropolitan area.
- The requirement to address the question of mobility.
- The manpower and fiscal resources available.
- The total dependence upon the voluntary cooperation of providers of care and their employed respondents.
- The requirement to address the subject of career mobility meant studying these occupations in more than one facility in each patient-care setting, in order to satisfy requirements for horizontal mobility.
- The metropolitan area is made up of three state-level jurisdictions (and six local level jurisdictions) which have dominion over health regulations and practices. The requirement to satisfy this variable increased the number of facilities to be studied in each patient-care setting.

Voluntary cooperation on the part of employers of these personnel, the providers of care, was essential. The difficulties in obtaining such cooperation are well documented by Goldstein and Horowitz in Restructuring Paramedical Occupations.

Therefore, the methodology had to be structured so as to minimize any possible disruption to participating providiers and at the same time to offer sufficient benefit to providers to attract their interest.

The requirement to address the problem of mobility posed yet another problem. Two elements must be present before mobility can exist. First, there must be some similarities in content between the job for which a person is applying and the job from which a person is coming. Second, the person who passes on the application (Director of Nursing, Director of Personnel, etc.) must perceive the similarity between the two jobs. In order to develop data on such perceptions, we decided to gather data from the employers of health aide personnel as well as the aides themselves on their perceptions of the parameters of each of the titles in their employ.

These constraints indicated that the survey method would be most suitable. Gathering task data via survey questionnaire would allow us to:

1. Cover other tasks performed by nursing personnel.
2. Cover several facilities in each patient-care setting.
3. Collect data in a uniform and orderly way.
4. Make the best use of available manpower and financial resources.

QUESTIONNAIRE DESIGN

ORGANIZATION OF THE TASK INVENTORY

In developing the questionnaire, the task inventory developed by the Allied Health Professions Project at UCLA was used as a base document. Since the scope of the present study excludes RNs, tasks which were found by the Allied Health Professions Project to be the exclusive province of RNs were not included in our task inventory.

The survey document consists of:

1. A brief description of the study
2. Instructions, including definition of terms
3. A section on personal data
4. A list of 346 tasks numbered 1-346 but broken down into six functional areas and several subfunctional areas:

Functional Area I	Diversional, Therapeutic, and Assistance Activities
Functional Area II	Safety and Comfort
Functional Area III	Nutrition and Elimination
Functional Area IV	Treatments, Procedures, Medications, and Diagnostic Activities
Functional Area V	Observation and Communication
Functional Area VI	Administration, Coordination, and Housekeeping

Tasks are numbered 1-346 without regard to functional area, or subfunctional area, giving each task a unique code. Within subfunctional areas, tasks are sequenced without regard to association with other tasks or where they might fit in a suggested curriculum.

About 300 tasks from the Allied Health Professions Project are included in the present study's Task Inventory. Nearly 40 additional tasks were identified through one of two processes and later added to the task inventory. First, several studies in the nursing area were examined and tasks identified by them and not identified by the Allied Health Professions Project were included. Goldstein and Horowitz's Restructuring Paramedical Occupations and Eleanor Gilpatrick's Health Services Mobility Study were the prime sources of additional tasks. Since the task descriptions in these studies were sometimes two or three sentences long, they were rewritten to conform to the format of the questionnaire.

Next, a pilot task inventory document was developed and circulated to a pilot sample of administrators and professional people in hospitals, nursing homes and providers of home health care. As part of the piloting procedure, respondents were asked to review the inventory of tasks for completeness. Concurrently the task inventory was reviewed for completeness jointly by the Project Coordinator and the Project Monitor at Metropolitan Washington Regional Medical Program (MWRMP). A joint decision was made that it would be profitable to explore the area of Maternal and Child Health for additional tasks. Officials of federal programs likely to sponsor research in these areas were contacted. In addition, the directors of nursing at two hospitals in Washington, D.C. which specialize in this area were contacted and they reviewed the task inventory for completeness. These people were able to identify approximately 10 tasks for inclusion in the task inventory. The questionnaire finally administered will be found in the Appendices.

"FREQUENCY" AND "IMPORTANCE"

With respect to each of the tasks, two aspects were of interest: The frequency with which it was performed, and the importance with which it was regarded. In the pilot document an attempt was made to set limitations on the definition of importance. The model used was taken from The Health Services Mobility Study (HSMS).

One of the measures HSMS applied against tasks was "The Consequence of Error to Humans." Through a nine-point scale they sought to measure the consequence of error to the patient, to co-workers, to persons not directly related to the task, and to the task performer. On the low end, (0) "No error in the performer's task performance could result in harm to a human." On the high end of the scale, (9.0) "The most serious error in the performer's task performance would result in immediate and inevitable death."

The interest in this aspect of a task stemmed from a desire to base inclusion of a task in a curriculum on more than one criterion alone. In the Task Inventory pilot, the HSMS concept was simplified. The scale was reduced from nine points to five points, and people other than the patient were eliminated from consideration with respect to ill-performed tasks. Respondents were asked to rate the criticality of performing the task correctly. Using a 1-5 scale, where "1" indicated no adverse effect and "5" indicated death of the patient, respondents were asked to indicate their opinion of what the cost would be to the patient if the performer were to perform the task incorrectly or forget to perform it at all.

To achieve this participation, providers were asked to provide a minimum percent representative sample of their work force within the subject job titles. For hospitals the minimum sample was 10%; for nursing homes the minimum sample was 20%. Because most home health agencies are relatively small, we asked them to provide as many respondents as possible.

All of the survey work was done at the facilities of the participating providers. As a rule, the participating provider made the representative sample of their staff available at a central location where the Project Coordinator explained the purpose of the study and the instructions for completing the questionnaire, and answered any questions. Respondents completed the questionnaires at that time. While respondents were completing the questionnaires, the instructions were repeated several times.

Respondents returned the questionnaires directly to the Project Coordinator. In those few instances where it was not possible to return them directly, respondents were provided with envelopes in which to seal and return their responses.

During this period the Project Coordinator surveyed over 600 respondents in the LPN, Nurse Aide, Orderly, and Homemaker-Home Health Aide categories.

Putting a limited definition on importance proved, however, to be a problem both for respondents to the pilot who in all instances were RNs and for the analyst of the data. Some respondents felt that the association of possible death skewed their judgment to the higher end of the importance scale. One RN indicated she felt constrained to mark all tasks at the high end of the scale because of the association with death.

For the analyst, the data presented a slightly different problem. Respondents from different patient-care settings tended to rate tasks using the more complex tasks performed in their patient-care settings as mental bench marks. For example, providers of home health care tended to rate Task 50 "Care for or Assist Patient to Care for Toenails and Fingernails" the highest on the scale on the basis that if a diabetic's toenails were cut incorrectly, he could possible die.

This tendency on the part of respondents demonstrated that even among professional people it would be nearly impossible to develop an objective measure of the importance of a task. Therefore, at the suggestion of one advisory committee member, and with the consent of the other members, any attempt to limit the definition of importance was abandoned. Instead, respondents were to be encouraged to rate importance of a task using whatever criteria they chose.

PERSONAL DATA

The Task Inventory was prefaced by a Personal Data Section. This section was designed to elicit from respondents data on variables which might have an impact on task performance. Variables covered by this section include:

- type of facility in which the respondent worked
- department in which he/she worked
- job title
- length of time with the company
- shift
- age
- hourly wage

- education
- length of time in the health field

OTHER PERSONNEL WHO PERFORM THESE TASKS

On the extreme right-hand side of the questionnaire is a column marked "Other Personnel who Perform These Tasks." In this column respondents were asked to identify personnel in other job titles whom they saw or knew performed these tasks. The purpose was to gather only the most rudimentary data that might suggest some additional avenues of upward mobility.[1]

SELECTION OF ORGANIZATIONAL AND INDIVIDUAL RESPONDENTS

ORGANIZATIONAL RESPONDENTS

A number of facilities in each of the hospital and nursing home patient-care settings were identified by size, services offered and location. These facilities were approached for their voluntary participation in the study. In each instance, a detailed explanation of the project was made to the facility administrator and/or the Director of Nursing. We were always received with interest; however, several facilities declined to participate.

Each of the providers of home-care were approached, and the project was thoroughly explained; a majority agreed to participate.

Table V-1
Number and Type of Providers of Care Participating in Task Identification

Hospitals	8
Nursing Homes	7
Providers of Home Health Care	8
Other	7

INDIVIDUAL RESPONDENTS

One of the basic units of analysis in this study was to be the composite response of a job title within a facility. Therefore, in our explanation of the project, we asked participating providers of care to provide us with a sample representative of the distribution of the job titles throughout the organization.

As an incentive to participating providers to make these samples truly representative, we offered to return to them the batch data on the responses of each of the job titles studied in their facility. This was accomplished without violating the confidentiality of the responses of individual respondents.

ADMINISTRATION OF THE QUESTIONNAIRES

All of the survey work was done at the facilities of the participating providers. As a rule, the participating provider made the representative sample of his staff available at a central location where the Project Coordinator explained the purpose of the study and the instructions for completing the questionnaire and answered any questions. Respondents completed the questionnaires at that time. While respondents were completing the questionnaires, the original instructions were repeated several times in response to questions and the observed behavior of the respondents.

Respondents returned the questionnaires directly to the Project Coordinator. In those few instances where it was not possible to return them directly, respondents were provided with envelopes in which to seal and return their responses.

During this period, the Project Coordinator surveyed over 600 respondents in the LPN, Nurse Aide, Orderly, and Homemaker-Home Health Aide job titles.

The survey work was accomplished through the cooperation of eight hospitals, seven nursing homes, eight home health agencies and seven other kinds of patient-care settings.

All questionnaires were reviewed by the Project Coordinator. Incomplete questionnaires, or questionnaires which were "haloed" (where a respondent circled the same number down the page) were excluded. At the completion of this process, 492 questionnaires were ready to be processed.

Table V-2
Break-down of Responses by Job Title and Patient-care Setting

	Hospital	Nursing Home	Home Health Provider	Other	Total
LPN	95	25	8	8	135
Nurse Aide	171	104	1	19	295
Orderly	4	9	0	0	13
Home Health Aide	0	0	47	1	48
Total	270	138	56	28	492

V - FOOTNOTES

Page 74 [1] Completion of this column added too much time to the hour it took respondents to complete the other sections of the document. Asking respondents to spend more than an hour on this document risked sacrificing the quality/conscientiousness of their response to the central part of the document. It also put in jeopardy the voluntary cooperation of the providers of care. A review of the data gathered in this column from the survey of the first two facilities, while interesting, was not worth the risks mentioned above.

If a similar effort could be tried in a situation where facilities and individual respondents were more or less "captive," the results should prove to be worthwhile.

VI. DATA ANALYSIS

EXPLANATION OF STATISTICAL MEASURES

This study focuses on frequency of performance as the basic measure of task performance. Three elements in the data on frequency of performance are of special interest:

1. Tasks which were performed "routinely" or with sufficient frequency to warrant including them in a core curriculum.

2. The degree of agreement throughout the job title as to task performance.

3. The response data from employers indicating their perception of how frequently their employee performed the task.

1. Developing data on "routine" performance was a relatively simple matter. To each task, respondents had been asked to circle a number from 1 - 5 to indicate the frequency with which they performed the task.

> "Under 'Frequency' circle the number (e.g., 1 2 3 4 5) which most nearly describes how often the task in question might be performed by you.
>
> 1---rarely perform the task more than 3 or 4 times a year.
> 2---perform the task at least monthly.
> 3---perform the task at least weekly.

4---perform the task daily.
5---perform the task repeatedly daily."

-- Task Questionnaire

"Routinely" then was defined as performance weekly or more frequently. Tasks which were performed less frequently than weekly were viewed to be the proper subject of in-service or on the job training (OJT).

A consensus of the Advisory Committee suggested that tasks which were routinely performed by more than 20% of a job title should be considered for inclusion in curricula. Using this criterion, the response data was reviewed and the tasks which were performed routinely by more than 20% of a job title were identified.

2. To measure the degree of agreement within a job title, respondents were organized by employers and job title. The distribution of response to a task was then compared, using Kendall's coefficient of concordance ("W" statistic). Values for "W" range from 0.00 to 1.00 with agreement being indicated as values approach 1.00.

To illustrate, using a hypothetical situation, let us measure the degree of agreement among NAs at three hospitals with respect to the frequency with which they deliver messages to patients.

First, the response for all NA respondents at each hospital is tabulated as below for each task:

Table VI-1
# of Aides Ranking Specific Task as to Frequency

	Frequency					
Hospital	0(NR)	1	2	3	4	5
A	6	1	2	8	27	57
B	12	3	4	8	71	144
C	5	3	1	10	11	14

Then for each hospital the choices of the respondents are ranked. That frequency rating receiving the highest number of responses becomes ranked as number 1 in frequency:

Table VI-2
Ranking of Respondents of Task Frequency

Hospital	0(NR)	1	2	3	4	5
A	4	6	5	3	2	1
B	3	6	5	4	2	1
C	4	5	6	3	2	1
	11	17	16	10	6	3

Kendall's coefficient of concordance is then computed, using the following formula:

$$W = \frac{12\,S}{K^2\,(N^3 - N)}$$

Where:

S = the sum of the squares of the ranks minus the sum of the ranks squared divided by N.

N = the number of choices.

K = the number of respondent groups (in this instance, the number of hospitals)

For example (from Table VI-2):

$$S = 11^2 + 17^2 + 16^2 + 10^2 + 6^2 + 3^2 - \frac{63^2}{6}$$

$$S = 121 + 289 + 256 + 100 + 36 + 9 - \frac{3969}{6}$$

$$S = 811 - 661.5$$

$$S = 149.5$$

$$W = \frac{12S}{K^2\,(N^3-N)}$$

$$W = \frac{12 \times 149.5}{3^2\,(6^3-6)}$$

$$W = \frac{1794}{9 \times (216-6)} = \underline{\underline{.949}}$$

"W" in this study is computed to two significant digits. "W" values run from .00 to 1.0. The closer the value is to 1.0, the higher degree of agreement among the responses of the compared groups.

The high "W" value for this example (.949 or .95) and the high degree of frequency with which this task was performed would indicate that NAs agree that this task is a basic part of their job.

3. Employers had been asked to complete the same task inventory for each of the job titles studied in their employ, indicating their perception of how frequently (if at all) the tasks were performed by each of the job titles. The data was presented in the form of a mean response, using non-responses as zero values.

Using both the "W" statistic and the distribution of response to frequency of task performance, a paradigm was constructed to provide an orderly and simple manner for analyzing the data.

Table VI-3

Percentage of job title performing task weekly or more frequently

	50% or more	20%--49%
High "W" value .55 or greater	"A"	"C"
Low "W" value .54 or lower	"B"	"D"

The above diagram represents the paradigm used. Included in quadrant "A" were all tasks which were performed at least as frequently as once a week by 50% or more of the respondents in that job title, and which received a "W" statistic of .55 or higher showing agreement among groups of that job title from provider to provider.

These tasks really constitute core tasks. They are tasks which are performed by a majority of the job title and on which there is substantial agreement as to the frequency with which they are performed.

Included in quadrant "B" are those tasks which are also performed by a majority of the job title, but which received a "W" statistic of .54 or less. The closer a "W" value approaches .00, the less agreement there is among employer-based groups with respect to the frequency with which the task is performed. In these instances it is likely that the mean distribution of a task was appreciably affected by the response of groups from one or two employers.

In quadrant "C" are included those tasks which were performed routinely by less than 50% but more than 20% of a job title and which received a "W" statistic value of .55 or more. These tasks are performed by a minority of people in the job title, yet the response was similar from provider to provider. These may be tasks of a specialized nature which are performed only by personnel with experience, or they may be tasks which are only performed in certain departments.

Tasks which fall in quadrant "D" are performed by a minority of personnel in the job title. They are, however, not performed with uniform frequency across the patient-care settings. In many instances the mean response of personnel is measurably affected by the response of groups from one or two providers.

The response data from employers was the deciding factor in whether tasks which fall in quadrant "D" were included in the curricula.

Tasks in this quadrant were designated as core when half or more of the employers of that title responded to the task and their unweighted mean response to frequency approximated 3.00 or greater.

Tasks which were performed routinely by less than 20% of the job title would not normally be considered for inclusion in core curricula.

SUMMARY RESULTS BY JOB CLASSIFICATION

Table VI - 4 displays the results obtained when the paradigm is applied to the response data of the four job titles. LPNs performed 271 tasks or 78.3% of the tasks in the inventory. NAs in hospitals performed 203 or 58.6% of the tasks; NAs in nursing homes performed 153 or 44.2% of the tasks and H-HHAs performed 113 or 29.7% of the tasks in the inventory. Table VI - 4 shows the number and percent of tasks performed routinely by 20% or more of each job title.

Table VI-4
Number and Percentage of Tasks Performed by Job Classification

	50% or More of Employees in Job Classification				20 - 50% of Employees in Job Classification				Total			
	LPN	NA-Hosp	NA-Nursing Home	H-HHA	LPN	NA-Hosp	NA-Nursing Home	H-HHA	LPN	NA-Hosp	NA-Nursing Home	H-HHA
"W" Value of .55 or more	60 or 22.1%*	68 or 33.5%	53 or 34.6%	0 or 0 %	44 or 16.2%	31 or 15.3%	44 or 28.8%	29 or 25.7%	104 or 38.4%	99 or 48.8%	97 or 63.4%	29 or 25.7%
"W" Value of .55 or less	80 or 29.5%	37 or 18.2%	16 or 10.5%	34 or 30.1%	87 or 32.1%	67 or 33.0%	40 or 26.1%	50 or 44.2%	167 or 61.6%	104 or 51.2%	56 or 36.6%	84 or 74.3%
Total	140 or 51.7%	105 or 51.7%	69 or 45.1%	34 or 30.1%	131 or 48.3%	98 or 48.2%	84 or 54.9%	79 or 69.9%	271	203 GRAND TOTALS	153	113

*% are % of GRAND TOTALS.

The most interesting observation to be made concerns the absence of substantial agreement on the part of H-HHAs with respect to frequency of the 113 tasks performed; only 29 received a "W" value of .55 or higher, and none of these were performed by a majority of the H-HHAs.

What is the reason for this absence of agreement? Are providers of home health care structured so differently that structure has an effect on what tasks are performed and how frequently they are performed? Are the clientele of the home health care providers so different? Do the payment mechanisms through which the agencies are reimbursed for services create this effect? These are questions for which the data yield no answers.

Questioning the absence of agreement does not suggest that all providers of home health care should be alike. It does suggest that it is important to understand the reasons for differences among these agencies if any rational suggestions are to be made concerning the improvement of the availability and effective utilization of home health care services.

Performance Overlap

Tables VI-5, VI-6 and VI-7 most clearly demonstrate the extent of overlap in task performance among the compared job titles.

Table VI-5 displays data indicating the raw percentage of task overlap among compared job titles.

When the other job titles are compared to hospital-based LPNs, we learn that of the 271 tasks performed by hospital-based LPNs, 197 or 72.6% are also performed by hospital-based NAs, 149 or 54.9% are also performed by nursing home-based NAs, and 104 or 38.3% are performed by H-HHAs.

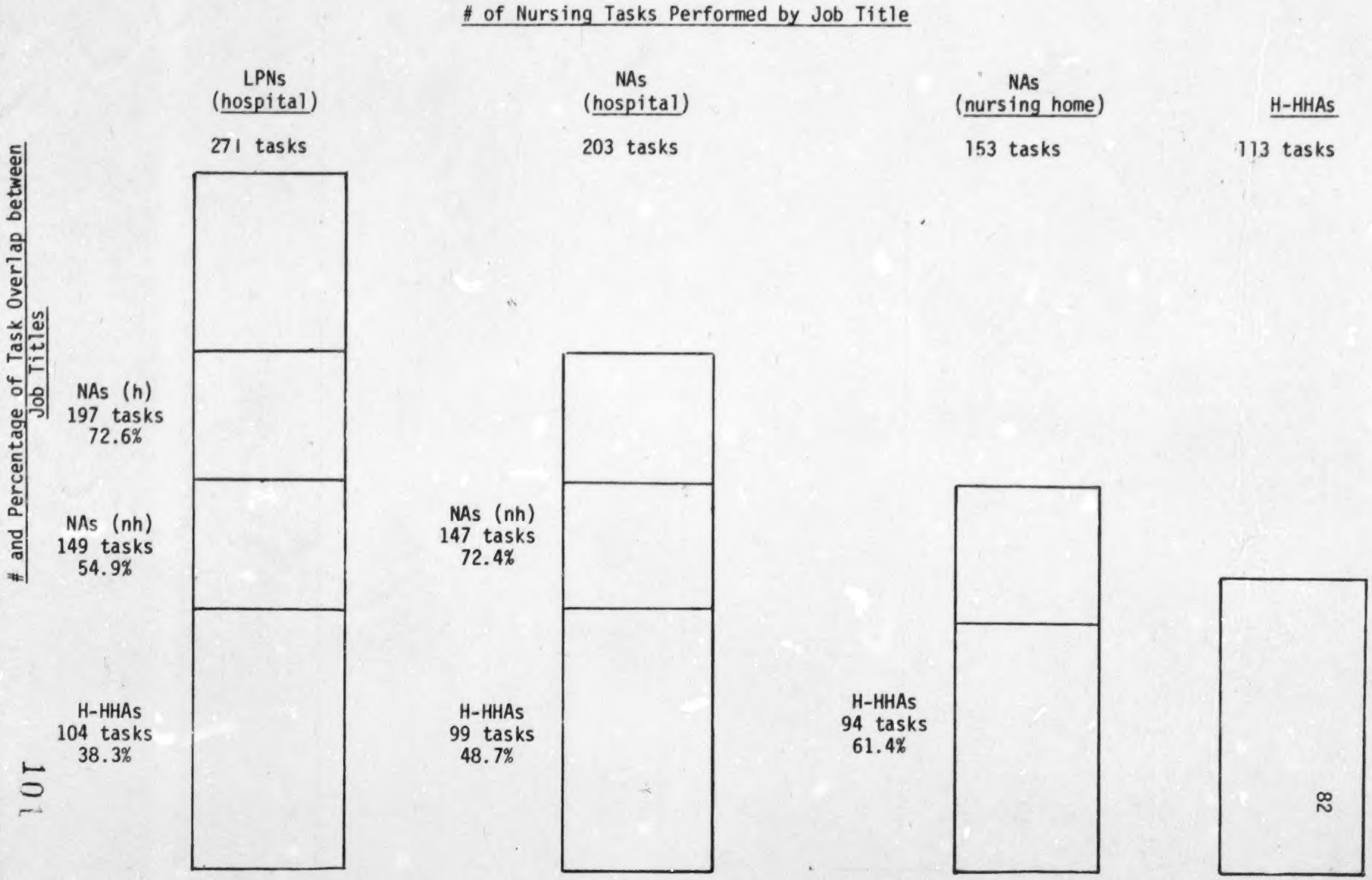
There are very few tasks performed by NAs and H-HHAs that are not also performed by LPNs. Of the 203 tasks performed by hospital-based NAs, only six were not performed by LPNs; of the 153 tasks performed by nursing home NAs, only four were not perfoemd by LPNs.

When hospital-based NAs are used as a bench mark, the degree of task performance overlap is similar. Between hospital-based and nursing home-based there are 147 mutually performed by NAs in hospitals, or a 72.4% overlap. Between H-HHAs and NAs there are 99 tasks which are mutually performed, accounting for 48.7% of the 203 tasks performed by NAs.

This data is made more meaningful when the data in Table VI-6 and Table VI-7 are reviewed. These tables show the distribution of values of "W" where Kendall's coefficient of concordance was computed to measure agreement between job titles.

Table VI-5

Overlap in Nursing Task Performance as a Percent of Tasks Performed by Compared Job Titles



"W" was computed for the distribution of response to "frequency" and "importance" of each task for each of the following comparisons:

LPNs in hospitals/NAs in hospitals
LPNs in hospitals/NAs in nursing homes
LPNs in hospitals/H-HHA
NAs in hospitals/NAs in nursing homes
NAs in hospitals/H-HHA
NAs in nursing homes/H-HHA

In making a comparison between two job titles, attention was paid to tasks that were performed routinely by more than 20% of both of the job titles.

Table VI-6 displays the distribution of "W" values for "frequency" of mutually performed tasks in each of the comparisons. Table VI-7 displays the distribution of "W" values for "importance" of the mutually performed tasks in each of the comparisons.

"W" values of .90 - 1.00 indicate little or no difference in perception of the compared groups. Slight differences in the perceptions of groups appear when "W" values range from 0.80 - 0.89, and differences may be said to increase as "W" approach 0.00.

At least two observations are of interest here. First, "importance" generates appreciably more agreement than does "frequency." Secondly, the percentage of mutually performed tasks which received "W" values between .90 and 1.00 demonstrates that the overall level of agreement between these job titles is quite high.

Of the 197 tasks performed by both hospital-based LPNs and NAs, 109 or 55.3% received a "W" value between .90 - 1.00. When NAs in hospitals and NAs in nursing homes were compared, 97 of the 147 or 65.9% of the mutually performed tasks received a "W" value between .90 - 1.00.

When the constraint of time was lifted and respondents were asked to indicate the importance with which they regarded the task, the degree of agreement present among the compared job titles was much higher. Of the 197 tasks mutually performed by hospital-based LPNs and NAs, 144 or 73% received "W" values between .90 - 1.00. Of the 147 tasks that were performed by both hospital and nursing home NAs, 119 or 80.6% received "W" values between .90 - 1.00. Of particular note are the distribution of "W" values for comparisons of H-HHAs to other job titles.

Home health-setting patients can be literally miles apart instead of in the next bed or the next room. The distance then is probably a factor which affects the frequency with which a task is performed. Therefore, the higher degree of agreement between H-HHAs and other job titles with respect to importance of tasks probably more accurately reflects the agreement between job titles with respect to perceptions of nursing tasks.

From the data it cannot be concluded that the involvement on the part of the compared job title for any one task is identical. LPNs may exercise judgment in a task or perform tasks with lesser supervision or, in the case of some tasks, have a greater range of performance within the task area. However, given the extent of the overlap in task performance between the job titles and the degree of agreement between these job titles (both with respect to the frequency of performance and importance of mutually performed tasks), it would be extremely difficult to deny the existence of a basis for upward mobility among these job titles.

Table VI-6
Distribution of "W" Values for Frequency of Mutually Performed Tasks

"W" Value	LPN/NA^h	LPN/NA^n	LPN/HHA	NA^h/NA^n	NA^h/HHA	NA^n/HH
	n=197	n=149	n=104	n=147	n=99	n=94
.90 - 1.00						
#	109	62	24	97	29	28
%	55.3	41.6	23.0	65.9	29.2	29.7
.80 - .89						
#	49	41	20	27	27	28
%	24.8	27.5	19.2	18.3	27.2	29.7
.70 - .79						
#	20	16	22	7	15	16
%	10.1	10.7	21.1	4.7	15.1	17.0
.60 - .69						
#	13	15	13	11	14	12
%	6.5	10.0	12.5	7.4	14.1	12.2
0.00 - .59						
#	16	15	25	5	14	10
%	3.0	10.0	24.0	3.4	14.1	10.6

Table VI-7
Distribution of "W" Values for Importance of Mutually Performed Tasks

"W" Value	LPN/NA^h	LPN/NA^n	LPN/HHA	NA^h/NA^n	NA^h/HHA	NA^n/HHA
	n=197	n=149	n=104	n=147	n=99	n=94
.90 - 100						
#	144	89	49	119	60	62
%	73.0	59.7	47.1	80.6	60.6	65.9
.80 - .89						
#	38	44	23	28	29	23
%	19.2	29.5	22.1	14.4	29.2	24.2
.70 - .79						
#	12	13	24	7	7	8
%	6.0	8.7	23.0	4.8	7.0	8.5
.60 - .69						
#	1	1	4	0	2	0
%	.7	.7	3.9	0.0	2.0	0.0
.00 - .59						
#	2	2	4	0	1	1
%	1.3	1.3	3.9	0.0	1.0	1.0

VII. ANALYSIS OF THE DATA BY FUNCTIONAL AREA

One precautionary note: The data displayed in the following tables and the accompanying analysis reflects reality as it is perceived by the respondents. Whether a particular task should be performed by a particular job title is not answerable from the data.

In the previous chapter a summary of the number of tasks performed by each job classification is given. In that instance a task was counted if it was performed weekly or more frequently by at least 20% of the job title. In this chapter a second level of analysis occurs where a screening of tasks results in a listing of those fit for inclusion in a core curriculum.

A task was selected for the core curriculum if:

1. The task was performed weekly or more frequently by more than 50% of the job title.
2. The task was performed weekly or more frequently by between 20%-49% of the job title and
   a) the task received a score of .55 or better when Kendall's coefficient of concordance was computed; or
   b) half or more than half of the employers responded that their personnel perform their tasks with a frequency of weekly or better.

Key to Reading Tables VII-1 thru VII-29.

"3 - 5" In this column appears the percentage of respondents by job title who performed the task weekly or more frequently.

"Mean"	Means in all charts in this study are weighted means, which include non-respondents as "0" (zero).
"W"	The value for Kendall's coefficient of concordance. Values range from 0.00 to 1.00. Agreement is indicated as values approach 1.00. See Chapter VI for detailed explanation.
"p"	Level of probability. Values range from 0.00 - 1.00. "P" represents the probability of encountering a "W" statistic as large as was observed assuming that there was no association between employees of the same job title with respect to their ranked responses. As "P" approaches 0.00, agreement is indicated.
"#"	Number of employers responding to that task.

FUNCTIONAL AREA I
DIVERSIONAL, THERAPEUTIC, AND ASSISTANCE ACTIVITIES

Tasks in Functional Area I -- Diversional, Therapeutic, and Assistance Activities (Table VII-1) -- require no formal pre-service or in-service training. However, they are not unimportant elements of a nursing occupation. From the response data it is evident that people about to enter the nursing occupations in whatever job title should realize that they may be expected to perform many of these tasks. The major importance of these tasks lies in the area of selection criteria rather than training. Persons with responsibility for pre-service training or recruiting need to keep in mind that tasks of this nature are a part of the duties of nursing personnel and that prospective trainees/employees must bring to the job a mental attitude which will allow them to perform these tasks without feeling themselves demeaned.

Thirteen tasks make up this functional area. Four tasks (#1, #2, #3, and #7) deal with the patient's communication with the world around him. Three tasks (#4, #5, and #6) deal with recreational activities, and task #8 with the patient's occupational activities. Tasks #9 - #13 deal with the patient's religious activities.

None of these thirteen tasks is core to each of the job titles. Although sizeable minorities of H-HHAs reported that they routinely performed some of these tasks, a majority of their employers responded that they performed the tasks, but not with a frequency of weekly or better. The deciding factor in these instances was the relatively low "W" values and the correspondingly higher values of "p."

Tasks #1, #2, and #3, which relate to the patient's communication with the world around him, received the greatest response to each of the job titles. However, Task #7, "Assist in Writing Letters and Messages," received such low response from both employers and employees that we can only conclude it is not a routine part of the job of LPNs and aides.

The response to tasks dealing with recreational activities was mixed. To each task, only a small minority of each of the job titles responded. the response on the part of the providers of care, tends to indicate they do not regard activities associated with the entertainment/recreation of patients to be a routine part of their employees' job. Task #6, "Read to Patients," can be considered core to each of the job titles because the "W" value in each case indicates that although a minority of the job title perform the task, that minority was spread out among providers of care of that patient-care setting.

Task #8, "...Occupational Activities," is core only to NAs in nursing homes. Although only 25.5% of nursing home NAs responded to performing this task weekly or more frequently, this response was distributed throughout the nursing patient-care setting. A majority (five out of six) of the nursing home providers saw this task as a routine part of their aides' job.

Tasks #9 - #13 dealt with assisting the patient in religious activities. In this configuration of the data, religious activities which normally take place weekly would have a low profile. Of these five tasks, Task #11, "Prepare Patient to Receive Sacraments," was found to be core to hospital-based LPNs, and Task #10, "Prepare Patient to See the Clergy," was found to be core to hospital-based NAs. In both instances this finding was based on the "W" value, indicating that the 20th percentile response may have been distributed throughout the hospital patient-care setting.

Implication for Curriculum: It is doubtful that any of the tasks in this functional area require any appreciable amount of instruction. The main value in studying them is to document the involvement of these job titles. These tasks are not unimportant parts of the nursing occupations. Their proper performance requires that prospective nursing personnel bring the mental attitude that will allow them to perform these and other tasks of a serving/helping nature without feeling themselves demeaned. The contribution a training program can make is to reinforce those values and mental attitudes in its trainees.

Table VII-1
Diversional, Therapeutic, and Assistance Activities
(See Explanation of Measures p. 90)

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee (N=95)				Employer (N=4)		Employee (N=171)				Employer (N=5)		Employee (N=104)				Employer (N=6)		Employee (N=47)				Employer N=8	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
1 - Receive and deliver messages and/or mail to patients	46.3	2.53	.09	.79	3	2.00	60.8	2.74	.12	.66	4	3.20	59.1	2.65	.22	.24	6	3.83	38.3	1.68	.32	.06	5	1.13
2 - Obtain and deliver items for patient's personal use	69.5	3.27	.45	.01	3	2.27	71.3	3.13	.47	.00	5	4.20	60.9	2.81	.21	.28	5	3.00	42.6	1.91	.20	.29	5	1.50
3 - Assist in placing telephone calls	60.0	2.91	.12	.63	3	1.20	50.9	2.32	.31	.07	4	2.00	38.2	1.99	.19	.33	5	2.50	31.9	1.79	.22	.25	6	1.25
4 - Obtain and deliver supplies for patient's entertainment or recreation	24.2	1.55	.62	.00	3	1.00	29.2	1.58	.50	.00	4	1.40	21.8	1.27	.70	.00	4	1.67	6.4	0.60	.47	.00	3	0.75
5 - Assist and/or participate in recreational activities	21.1	1.45	.57	.00	2	0.40	21.6	1.21	.60	.00	3	0.60	26.4	1.49	.54	.00	5	2.67	14.9	0.79	.53	.00	4	0.88
6 - Read to patients	15.8	1.28	.72	.00	2	0.60	25.7	1.46	.63	.00	3	1.20	34.5	1.63	.59	.00	5	2.33	25.5	1.38	.69	.00	5	0.75
7 - Assist in writing letters and messages	11.6	1.05	.81	.00	2	0.40	10.5	1.02	.72	.00	4	1.00	16.4	1.12	.60	.00	4	1.33	19.1	1.04	.63	.00	5	1.00
8 - Assist and/or participate in occupational activities with patients	18.9	1.40	.51	.00	2	0.40	26.3	1.42	.49	.00	3	0.80	25.5	1.35	.61	.00	5	2.50	25.5	1.38	.46	.00	5	1.38
9 - Assist patient in observing religious dietary restrictions	27.4	1.66	.40	.02	2	0.80	26.9	1.42	.37	.03	3	1.40	18.2	1.20	.76	.00	4	1.33	14.9	0.72	.49	.00	7	1.25
10 - Prepare patient to see clergy	20.4	1.66	.48	.00	2	1.40	22.8	1.33	.62	.00	3	1.80	24.5	1.22	.53	.00	4	1.67	14.9	1.04	.62	.00	3	0.38
11 - Prepare patient to receive sacraments	21.1	1.40	.69	.00	3	1.20	18.7	1.09	.75	.00	4	2.20	13.6	0.80	.84	.00	5	1.67	8.5	0.47	.68	.60	3	0.38
12 - Assist patient in religious rites	9.5	.92	.72	.00	1	0.20	11.7	.84	.78	.00	2	.80	16.4	0.89	.74	.00	5	1.67	8.5	.43	.69	.60	2	0.25
13 - Participate, assist in administration of sacraments	7.4	0.68	.78	.00	1	0.20	4.1	.51	.86	.00	2	0.80	9.1	0.63	.82	.00	2	0.33	0.0	0.17	.82	.00	2	0.25

*All Ns apply to Tables VII-1 through VII-29.

FUNCTIONAL AREA II -- SAFETY AND COMFORT

This functional area is divided into three sub-functional areas:

- Patient Protection
- Personal Hygiene and Comfort
- Patient Need for Movement

PATIENT PROTECTION (Table VII-2)

This subfunctional area is further divided into these areas of concern:

- Explaining and Applying Safety Regulations
- Carrying Out Aseptic Technique
- Carrying Out Isolation Technique

Explaining and Applying Safety Regulations

Four tasks make up "Explaining and Applying Safety Regulations." High percentages of LPNs in hospitals, NAs in hospitals and NAs in nursing homes responded that they perform these tasks routinely. The response of their employers confirms the perceptions of the job titles that these four tasks are routine parts of their job. However, the response to these tasks by H-HHAs and their employers indicates that none of these tasks are integral to the H-HHA's job. Forty-two percent of the H-HHAs responded that they "adjusted side rails" weekly or more frequently. All eight employers also indicated this was a part of their aides' job, but the mean response, 2.75, indicated it is slightly less than a weekly or routine task.

Implications for Curriculum: It is fairly obvious from the frequency with which the tasks are performed, the degree of internal agreement within job titles, and the uniform expectations of employers that these tasks are core to three of the job titles: LPN in hospital, NA in hospital, and NA in nursing homes.

H-HHAs present a problem here. Task #14, "Adjust Side Rails," and Task #15, "Adjust Height of Bed," are performed routinely only by a minority of H-HHAs. From the "W" value there appears to be substantial disagreement among them with respect to the frequency with which they are called upon to perform these tasks and the importance with which they are regarded. This may stem from the fact that these tasks, as they are written, correspond more directly to the situation in a health facility than to the situation to be found in the home. One cannot conclude from this response data that H-HHAs and/or their employers are any less concerned about the safety of their patients.

Carrying Out Aseptic Technique

Of the seven tasks in "Carrying Out Aseptic Technique," five are routinely performed by more than 50% of the LPNs in hospitals. The other two, "Sterile Scrub" and "Apply Sterile Gown," were performed routinely by a minority of LPNs. However, responding employers thought that their LPNs performed this task at least weekly.

More than 20% of NAs in hospitals responded that they perform these tasks weekly or more frequently; in one instance, 50.9% of these NAs responded that they routinely apply sterile gloves. The interesting observation here is that not one of the five responding hospital providers indicated that aides are expected to perform any of these tasks.

58.2% of NAs in nursing homes indicated that they routinely "Apply Sterile Dressings and Bandages," (Task #31) and 52.7% "Apply Sterile Gloves." (Task #32)

Tasks #33 and #34 are not routinely performed by NAs in nursing homes, only 11.8% "Do Sterile Scrub" and only 12.7% "Apply Sterile Gown." A review of the "W" values showing internal agreement bears this out.

Of the seven tasks, only three are performed routinely by more than 20% of the H-HHAs -- #28, "Opening Sterile Packages;" #31, "Applying Sterile Dressings and Bandages;" and #30, "Handling Sterile Equipment."

H-HHAs apparently agree that Task #29, "Pour Sterile Solutions" ("W".53) is not performed within the normal routine of their jobs.

Implications for Curriculum: All of the tasks in this sub-section could be considered "core" for the LPN job title. Although "Sterile Scrub" and "Apply Sterile Gown" are not performed routinely by a majority of the job title, they are expected by employers to be in the repertoire of the LPN's skills.

None of the tasks in this subsection, with the possible exception of "Apply Sterile Gloves," appears to be core to NAs in hospitals. This finding would appear to be supported by the absence of substantial agreement among NAs in hospitals with respect to frequency of performance. This contention is also supported by the observation that not one of the five responding hospitals indicated that NAs perform these tasks.

Only two of the tasks in this section could be considered "core" to NAs in nursing homes: "Apply Sterile Dressings" and "Apply Sterile Gloves."

While Aseptic Techniques as a unit of curriculum is applicable only to LPNs, other job titles do perform some tasks covered by this unit. However, given the general low level of frequency of performance and degree of internal agreement on the part of the employees, it would appear that it would be more appropriate to train NAs and H-HHAs in these tasks only as they apply to others. This may stem from the fact that tasks, as they are written, correspond more directly to the situation in a health facility rather than the home. One cannot conclude from this response data that H-HHAs or their employers are any less concerned about the safety of their patients.

Carrying Out Isolation Technique (Table VII-2)

This unit comprises four tasks. Task #22, "Apply and Remove Gown" is more appropriate to an orientation approach for NAs and H-HHAs with Asepsis responsibility. Those values should be reinforced as they apply to procedures which aides perform or are involved in, rather than making this task part of the core curriculum.

Only "Wash Hands" is core to all four job titles. As a unit, Isolation Technique is core to LPNs in hospitals and NAs in hospitals. Over 50% of LPNs in hospitals and NAs in hospitals routinely perform the tasks in this section. And these tasks are uniformly expected of them by their employers. Therefore, these tasks can be considered core to each of the job titles.

Over 50% of the NAs in nursing homes "Dispose of Contaminated Material and Equipment" (Task #20) on a routine basis. They also perceive Task #16, "Washing Hands," to be a routine and important part of their job. However, these tasks may or may not be performed as part of an isolation procedure.

"Washing Hands" is the only one of these tasks 50% or more of H-HHAs routinely perform. A 23.4% minority of H-HHAs indicated they routinely "Dispose of Contaminated Materials." However, these tasks are more likely performed as a routine part of the job rather than as a part of an isolation procedure.

Implication for Curriculum: Although the tasks here are often performed independently of Isolation Technique, it makes sense to consider them in this context - at least for LPNs and NAs in hospitals and NAs in nursing homes.

PERSONAL HYGIENE AND COMFORT

This subfunctional area is divided into these areas of concern:

- Making the Patient's Bed
- Assisting the Patient to Dress and Undress
- General Grooming
- Skin Care
- The Use of Comfort Device

Making the Patient's Bed (Table VII-3)

Making the patient's bed, occupied and/or unoccupied, is routinely

Table VII-2
Patient Protection

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-2	Mean	W	P	#	Mean
A. Explaining & applying Safety Regs.																								
19 - Apply restraints	63.2	3.06	.32	.06	4	3.80	60.2	2.94	.17	.43	5	4.20	86.4	3.85	.59	.00	6	4.33	14.9	0.81	.37	.03	2	0.25
17 - Explain and apply smoking regulations	82.1	3.81	.57	.00	4	3.80	63.2	2.99	.33	.05	5	4.40	67.3	3.14	.59	.00	6	4.00	19.1	1.00	.73	.00	4	1.00
14 - Adjust side rails	89.5	4.33	.76	.00	4	4.00	86.5	4.11	.80	.00	5	5.00	89.1	4.32	.67	.00	6	4.83	42.6	2.04	.18	.37	8	2.75
15 - Adjust height of bed	87.4	4.26	.77	.00	4	4.00	83.0	3.94	.80	.00	5	5.50	83.6	3.93	.61	.00	6	4.67	38.3	1.81	.19	.33	5	1.75
B. Carrying out Aseptic Tech.																								
28 - Open sterile packages and packs	61.1	3.76	.44	.01	4	3.80	47.4	2.27	.20	.31	0	0.00	47.3	2.11	.50	.00	2	0.83	27.7	1.15	.48	.00	3	1.00
31 - Apply sterile dressings and bandages	75.8	3.65	.38	.02	4	3.80	39.2	1.95	.30	.08	0	0.00	58.2	2.63	.34	.05	3	1.67	21.3	1.00	.51	.00	2	0.88
29 - Pour sterile solutions	80.0	3.69	.35	.04	4	3.80	41.5	1.92	.35	.04	0	0.00	30.9	1.40	.55	.00	2	0.67	17.0	0.83	.64	.00	3	1.13
33 - Do sterile scrub	28.4	1.55	.59	.00	3	2.60	20.5	1.15	.59	.00	0	6.00	11.8	0.74	.67	.00	1	0.17	6.4	0.32	.80	.00	1	0.13
34 - Apply sterile gown	31.6	1.71	.45	.01	4	3.20	32.7	1.68	.52	.00	0	0.00	12.7	0.73	.67	.00	1	0.17	2.1	0.15	.84	.00	1	0.13
32 - Apply sterile gloves	80.0	3.64	.73	.00	4	3.60	50.9	2.36	.45	.00	0	0.00	52.7	2.30	.63	.00	3	1.50	14.9	0.79	.53	.00	1	0.38
30 - Handle sterile equipment	80.0	3.76	.45	.01	4	3.80	46.8	2.27	.20	.00	0	0.00	36.4	1.71	.44	.01	2	1.17	23.4	0.98	.55	.00	3	1.00
C. Carrying out isolation Tech.																								
22 - Apply and remove gown and mask	60.0	2.77	.03	.97	4	3.60	53.2	2.58	.29	.10	4	3.60	19.1	1.09	.62	.00	4	1.83	8.5	0.53	.72	.00	1	0.13
16 - Wash hands	93.7	4.55	.75	.00	4	4.00	84.8	4.16	.84	.00	5	5.00	88.2	4.30	.57	.00	6	5.00	83.0	3.83	.44	.01	8	4.75
20 - Dispose of contaminated materials and equipment	80.0	3.82	.53	.00	4	3.80	73.1	3.37	.59	.00	5	4.40	64.5	3.12	.52	.00	4	2.67	23.4	1.28	.40	.01	4	1.38
21 - Take into and remove equipment and supplies from contaminated room	65.3	3.[illegible]3	.21	.28	4	3.80	57.9	2.82	.42	.01	5	4.20	37.3	1.93	.49	.00	4	1.50	8.5	0.53	.78	.00	2	0.50

performed by more than 50% of all four job titles. These two tasks are marked by substantial internal agreement as to frequency by each of the job titles, except H-HHA.

"Making a Patient's Recovery, Anesthetic Bed" (Task #45) is a task that applies only to personnel in hospitals and is performed by a minority of LPNs and NAs. All responding hospitals, however, expect it to be among the LPNs and NAs routine skills.

Implication for Curricula: Bedmaking is a core task and obviously has to be included in all nursing curricula. Training programs for aides working in the nursing home and home health setting need not include "Making Recovery Bed."

Assisting the Patient to Dress and Undress (Table VII-3)

The two tasks, "Change Soiled Linen and Clothes" (#35) and "Assist Patient with Dressing and Undressing" (#36), are performed routinely by more than 50% of each of the four job titles. These two tasks are also marked by substantial internal agreement as to frequency on the part of each of the job titles except H-HHA.

Therefore, Tasks #35 and #36 are expected to be in the repertoire of each of the job titles by and of their respective employers.

The two tasks are core to each of the job titles individually and all of the job titles collectively.

General Grooming (Table VII-3)

This section is composed of six tasks, three of which are performed routinely by more than 50% of each of the job titles. They are: #39, "Give or Assist Patient with Oral Hygiene;" #40, "Give or Assist Patient to Take a Bath;" and #42, "Comb Patient's Hair."

These tasks are also expected by their employers to be a daily part of the job of these job titles.

Tasks #50, "Care for or Assist Patient to Care for Toenails and Fingernails;" and #53, "Assist with and/or Shave Male Patients," were performed routinely by a minority of each of the job titles. These tasks do, however, represent skills which are expected of each of the job titles by their employers.

"Giving Patients a Shampoo" is performed routinely by 59.6% of the H-HHAs and 48.2% of the Nurse's Aides in nursing homes. Neither hospital-based employees nor their employers appear to consider this a routinely performed task.

Implication for Curriculum: Treat all of the tasks, except #56, "Give or Assist Patient in Shampoo," as core tasks to be included in core curricula for each job title.

Skin Care (Table VII-3)

Six tasks are listed in this section, two of which deal with decubiti. The other four relate to skin care as it pertains to a condition in which a patient might find himself (i.e., in restraints, etc.).

All of these tasks are core to LPNs and NAs in hospitals. Of the six tasks only #57, "Give General Skin Care to Patients in Traction," is not core to NAs in nursing homes. Only 13.6% of these NAs responded that they performed it routinely.

Task #44, "Giving General Skin Care to Patients in Restraints," and Task #46, "Giving General Skin Care to Patients with Decubitus Ulcers," are core to H-HHAs.

Implication for Curriculum: General skin care for patients in the conditions described in Tasks #48, #49, #57, #44, #46, and #155 would appear to have applicability to LPNs and NAs in hospitals and, with the exception of "patients in traction," to NAs in nursing homes.

With respect to H-HHAs, providing general skin care to patients in restraints or with decubitus ulcers are the only tasks that have been identified as core.

The distribution of response is probably as much a function of the patient care-setting (in what patient care-settings you are likely to find patients in these conditions) as it is the relative skills of the job titles concerned.

Use of Comfort Devices (Table VII-4)

Eleven tasks are included in this category. The "Giving of Back Rubs" (Task #41) and the "Use of Sheepskins or Lambswool Pads" (Task #43) were performed routinely by a majority of each of the job titles. These tasks were the only two in this section designated as "core" for H-HHAs. Majorities of nursing home NAs were involved in the "Use of Air Rings and Doughnuts" (Task #51) and "Locating and Setting Up of Simple Equipment--Heel Coverlets" (Task #29). And 29.1% of these respondents indicated that they routinely "use footboards."

More than 20% of the LPNs in hospitals responded that they routinely performed the tasks in this area. However, tasks under the subheading of "Locate and Set-up Simple Equipment" -- rails, footboards and sandbags -- were perceived by responding employees as being performed less frequently than weekly and, therefore, not a routine part of the LPN's job.

Implications for Curriculum: Each of the comfort devices listed in this area are used in conjunction with a procedure or for a certain patient condition. They are not used independently of these situations. Given the distribution of response data showing the low association of H-HHAs with these tasks (only perform 2 out of 11), the use of these devices is best taught in conjunction with the particular procedure or the patient's condition.

Table VII-3
Personal Hygiene and Comfort

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean
37 - Make patient's bed, occupied	81.1	3.75	.49	.00	4	4.00	84.2	3.79	.82	.00	5	5.00	91.8	4.15	.81	.00	6	4.33	68.1	3.11	.10	.72	7	3.13
38 - Make patient's bed, unoccupied	62.1	3.75	.59	.00	3	3.00	77.8	3.58	.67	.00	5	5.00	75.5	3.39	.78	.00	6	4.83	72.3	3.13	.14	.56	8	3.63
45 - Make patient's recovery, anesthetic bed	43.2	2.21	.32	.06	4	3.60	38.0	1.86	.47	.00	5	4.80	6.4	.34	.70	.00	1	0.17	2.1	0.19	.84	.00	1	0.13
Assisting patient to dress & undress																								
35 - Change soiled linens and clothes	95.8	4.52	.78	.00	4	4.00	90.6	4.26	.81	.00	5	5.00	92.7	4.50	.80	.00	6	5.00	87.2	3.85	.28	.12	8	4.00
36 - Assist patient with dressing and undressing	88.4	4.01	.60	.00	4	4.00	87.7	4.01	.75	.00	5	5.00	92.7	4.39	.90	.00	6	4.83	91.5	4.02	.36	.03	8	4.13
C **General grooming**																								
42 - Comb patient's hair	61.1	2.82	.36	.03	4	3.60	54.4	2.57	.22	.26	5	4.80	74.5	3.35	.77	.00	6	4.50	78.7	3.43	.23	.22	8	4.00
56 - Give/or assist patient in shampoo	14.7	1.32	.55	.00	4	1.60	15.7	1.23	.51	.00	5	2.00	48.2	1.94	.63	.00	6	3.37	59.6	2.70	.28	.11	8	2.75
40 - Give or assist patient to take bath	92.6	3.46	.49	.00	4	4.00	69.6	3.27	.53	.00	5	5.00	71.8	3.21	.50	.00	6	4.83	91.5	3.98	.39	.02	8	4.13
50 - Care for or assist patient to care for toenails and finernails	25.4	1.74	.32	.06	4	3.60	24.0	1.43	.41	.01	5	4.00	47.3	2.21	.14	.57	3	2.00	48.9	2.30	.06	.88	7	3.00
39 - Give or assist patient with oral hygiene	80.0	3.59	.45	.01	4	4.00	77.2	3.40	.69	.00	5	4.80	79.1	3.47	.54	.00	6	4.83	78.7	3.51	.17	.42	8	3.75
53 - Assist with and/or shave male patients	31.6	1.60	.54	.00	3	1.60	26.3	1.37	.33	.05	3	1.40	42.7	1.92	.46	.00	6	3.67	44.7	1.89	.26	.15	8	2.25
Skin Care																								
48 - Give general skin care to patients in casts	32.6	1.92	.36	.03	4	3.80	35.7	1.85	.43	.01	5	4.20	22.7	1.25	.68	.00	5	1.83	14.9	0.87	.59	.00	5	1.25
49 - Give general skin care to comatose or semicomatose patients	52.6	2.56	.22	.26	4	3.60	44.4	2.12	.35	.04	5	4.00	28.2	1.44	.73	.00	6	4.33	10.6	0.53	.75	.00	4	1.25
57 - Give general skin care to patients in traction	30.5	1.82	.42	.01	4	3.20	44.4	2.19	.30	.03	5	3.40	13.6	0.70	.61	.00	3	1.33	8.5	0.53	.71	.00	3	0.63
44 - Give general skin care to patients in restraints	64.2	2.94	.38	.02	4	3.40	66.1	3.08	.33	.05	5	4.40	77.3	3.25	.74	.00	6	4.67	25.5	1.30	.57	.00	4	0.75
46 - Give general skin care to patients with decubitis ulcers	61.1	2.93	.41	.01	4	3.60	49.7	2.36	.43	.01	5	3.00	71.8	3.29	.69	.00	6	5.00	53.2	2.43	.03	.98	8	3.31
155 - Decubitis care	51.6	2.55	.47	.00	4	3.60	35.1	1.64	.56	.00	4	3.00	58.2	2.54	.77	.00	5	3.67	25.5	1.11	.29	.09	7	2.50

Table VII-4
Use of Comfort Devices

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Use of comfort devices																								
041 - Give back rubs only	57.9	2.76	.43	.01	4	4.00	63.7	2.91	.34	.04	5	5.00	64.5	2.94	.47	.00	5	3.17	55.3	2.30	.39	.02	5	1.25
047 - Use footboards	44.2	2.09	.30	.08	4	3.60	48.5	2.23	.31	.07	5	4.20	29.1	1.46	.40	.01	5	2.83	19.1	0.85	.49	.00	8	1.75
043 - Use of sheepskins, lambswool pads	56.8	2.56	.27	0.13	4	3.80	66.1	2.87	.38	.62	4	3.60	80.9	3.50	.59	.00	6	4.67	51.1	2.43	.04	.95	7	2.75
051 - Use air rings, doughnuts	43.2	2.18	.22	.25	3	2.80	46.2	2.21	.31	.07	4	3.20	55.5	2.46	.56	.00	5	3.50	38.3	1.57	.25	.18	4	0.50
052 - Use overbed cradles	36.8	2.85	.36	.03	3	2.80	35.1	1.91	.42	.01	5	3.60	15.5	0.93	.69	.00	6	2.17	2.1	0.28	.72	.00	4	0.75
054 - Use trochanter rolls, sandbags	25.3	1.57	.61	.00	3	1.80	24.0	1.28	.48	.00	3	1.80	11.8	0.65	.64	.00	3	0.83	2.1	0.17	.80	.00	5	1.25
055 - Alternate pressure mattresses	22.1	1.37	.66	00	4	3.20	24.6	1.25	.45	.01	5	3.00	19.1	1.05	.58	.00	5	2.33	10.6	0.49	.62	.00	1	0.38
024 - Locating and setting up simple equipment - rails	43.2	2.35	.23	.21	2	1.00	55.0	2.51	.27	.13	4	2.60	49.1	2.35	.47	.00	2	1.67	17.0	0.81	.66	.00	3	0.75
025 - Locating and setting up simple equipment - footboards	26.3	1.69	.44	.01	3	2.20	38.6	1.76	.44	.01	4	2.80	26.4	1.42	.50	.00	2	1.33	12.8	0.57	.68	.00	5	1.25
026 - Locating and setting up simple equipment - sand bags	27.4	1.71	.44	.01	3	2.00	32.7	1.74	41	01	5	2.60	18.2	1.09	.68	.00	2	0.83	6.5	0.40	.75	.00	4	1.00
027 - Locating and setting up simple equipment - heel coverlets	43.2	2.21	.34	.05	3	2.40	50.3	2.35	33	.05	5	3.80	57.3	2.72	.43	.01	3	1.83	10.6	0.62	.66	.00	3	1.00

PATIENT NEED FOR MOVEMENT

This subfunctional area is divided into these areas of concern:

- Assisting the Patient in Movement
- Assisting with Therapeutic Exercise
- Moving the Patient -- Using Equipment
- Moving the Patient -- Not Using Equipment

Assisting the Patient in Movement (Table VII-5)

The six tasks in this section are performed by all job titles. Four of the six tasks are performed routinely by a majority of each of the job titles. Task #64, "Place Patient in Correct Body Alignment," is performed by a majority of each of the facility-based job titles and 32.6% of the H-HHAs. All of the home health providers expected their aides to be able to perform this task. The providers' mean response to frequency was 3.38, indicating that they expected the task to be a routine part of the aide's job.

Task #66, "Assist Patient to Dangle," is performed routinely by a majority of LPNs and NAs in hospitals, by 25.5% of the NAs in nursing homes, and by 23.4% of the H-HHAs. Nursing home providers, four out of six responding, indicate that they believe this task to be a routine part of their aides' job. Providers of home health care, six of the eight providers responding, consider that this task was a routine part of the H-HHA's job also.

Implication for Curriculum: All of these tasks should be considered core and provided for in a curriculum.

Assist Patient with Therapeutic Exercise (Table VII-5)

This section is comprised of four tasks; the most frequently performed task is #75, "Exercise and Range of Motion." Sixty-six percent of the H-HHAs perform this on a routine basis; large minorities -- over 45% of the facility-based job titles -- perform this task on a routine basis also. A majority of the responding employers of each of the job titles indicate that this task is expected to be a routine part of their employees' job.

Implication for Curriculum: Exercise and change of motion should be considered as a core task and provided for in a core curriculum.

Moving the Patient -- Using Equipment (Table VII-6)

Nine tasks fall into the category of moving the patient using equipment. Only one of those tasks, #65, "Transport Patient in Wheel Chair") is

Table VII-5
Patient Need for Movement

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
a. Assisting the patients in movement																								
64 - Place patient in correct body alignment	69.5	3.26	.43	.01	4	4.00	69.0	3.06	.62	.00	5	4.50	62.7	2.74	.79	.00	6	5.00	36.2	1.72	.26	.14	8	3.38
61 - Turn patient	80.0	3.86	.67	.00	4	4.00	83.6	3.89	.64	.00	5	5.00	89.1	4.24	.83	.00	6	5.00	57.4	2.79	.18	.36	7	3.50
66 - Assist patient to dangle	63.2	2.85	.34	.05	4	3.60	56.7	2.54	.49	.00	5	4.80	25.5	1.13	.67	.00	4	3.00	23.4	1.09	.69	.00	6	2.50
60 - Assist patient to get in and out of bed	90.5	4.27	.84	.00	4	4.00	90.1	4.20	.70	.00	5	5.00	95.5	4.39	.89	.00	6	5.00	85.1	3.64	.34	.04	8	4.38
62 - Assist patient to transfer from bed to chair	84.2	3.80	.71	.00	4	4.00	85.4	3.86	.82	.00	5	5.00	87.3	4.02	.81	.00	6	5.00	83.0	3.51	.22	.25	8	4.00
63 - Assist patient in walking	80.0	3.53	.57	.00	4	4.00	78.4	3.47	.74	.00	5	4.80	83.6	3.75	.79	.00	6	4.67	80.9	3.34	.34	.04	8	3.88
b. Assiting with Therapeutic Exercise																								
78 - Passive range of motion	32.6	1.60	.46	.01	4	2.60	17.5	0.94	.61	.00	4	2.60	13.6	0.62	.66	.00	5	3.17	36.2	1.60	.16	.54	8	3.00
74 - Assist patient in Buerger's exercise	6.3	0.58	.74	.00	1	0.20	4.7	0.42	.80	.00	1	0.20	5.5	0.29	.66	.00	1	0.17	0.0	0.06	.86	.00	2	0.25
75 - Exercise and range of motion - assisting patients with walkers, wheelchair, crutches and braces	49.5	2.33	.40	.02	4	3.40	45.0	2.20	.45	.00	4	3.20	49.1	2.18	.66	.00	4	2.83	66.0	2.57	.44	.01	8	3.25
71 - Assist patient following radical mastectomy	18.9	12.3	.54	.00	4	3.40	19.9	1.16	.56	.00	5	3.80	5.5	0.34	.66	.00	2	1.00	4.3	0.34	.73	.00	6	1.13

performed routinely by a sizable portion of each of the job titles. A majority of LPNs and NAs and 44.7% of the H-HHAs perform this task on a routine basis. Although less than a majority of H-HHAs perform this task routinely, their employers (6 of 8 responding) indicate that they believe this task to be a fairly routine part of the aide's job.

"Transporting a Patient on a Stretcher" (Task #67) and "Lifting Patients on and off a Litter" (Task #76) appear to be performed primarily in hospitals. The response data from employers and employees in both the nursing home and home-care patient settings indicates that neither of these tasks are performed with sufficient frequency to warrant inclusion in a core curriculum.

Tasks involving the use of such mechanical equipment as Hoyer lifts, Stryker and Foster frames, etc., are not performed by any of the job titles with sufficient frequency to merit their being considered in a curriculum.

Implications for Curriculum: Only one task, "Transport Patient in a Wheel Chair," was found to be core to all four job titles, and as such is the only task in this area which should be provided for in a basic core curriculum. "Transport Patient on a Stretcher" and "Lifting Patient on and off a Litter" are tasks which should be the subjects of a special module for hospital-based LPNs and NAs.

Moving the Patient -- Not Using Equipment (Table VII-6)

The two tasks in this area are also covered in "Assisting the Patient in Movement." Both of these tasks are core to all four job titles. Task #64, "Place Patient in Correct Body Alignment," was performed routinely by a majority of the facility-based job titles and 36.2% of the H-HHAs. Task #61, "Turn Patient," was performed routinely by a majority of each job title.

Table VII-6
Moving the Patient

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Moving the patient - using equipment																								
070 - Use mechanical devices (Royer lift) to move patient	9.5	0.82	.56	.00	4	2.80	15.2	0.94	.54	.00	4	2.80	19.1	0.91	.48	.00	5	2.50	10.6	0.60	.47	.00	6	1.13
068 - Set up and maintain traction	15.8	1.12	.51	.00	2	1.80	15.2	0.88	.68	.00	2	1.80	5.5	6.28	.70	.00	3	1.33	0.0	0.06	.86	.00	1	0.13
072 - Operate Stryker and Foster frames	11.6	0.84	.69	.00	4	1.80	8.8	0.68	.65	.00	3	1.40	3.6	0.17	.75	.00	2	1.00	0.0	0.09	.85	.00	2	0.25
073 - Operate circle beds	10.5	0.89	.60	.00	4	2.20	7.0	0.75	.68	.00	3	1.60	3.6	0.31	.69	.00	2	1.00	0.0	0.11	.86	.00	1	0.13
069 - Apply and remove braces	14.7	1.04	.59	.00	3	1.60	14.0	0.79	.57	.00	3	1.60	30.9	1.48	.62	.00	6	3.67	19.1	0.98	.23	.21	5	1.00
065 - Transport patient in wheelchair	70.5	3.21	.34	.00	4	3.60	78.9	3.57	.77	.00	5	4.80	83.6	3.71	.77	.00	6	5.00	44.7	2.21	.23	.21	6	2.63
067 - Transport patient on stretcher	63.2	3.00	.21	.29	4	3.60	64.3	2.75	.42	.01	5	4.80	15.5	0.86	.51	.00	4	2.17	2.1	0.26	.79	.00	2	0.25
076 - Lifting patients on and off litters	40.0	1.86	.34	.05	3	2.80	45.6	2.02	.63	.00	4	3.60	15.5	0.68	.56	.00	2	1.17	6.4	0.32	.75	.00	2	0.25
077 - Bradford frames	6.3	0.60	.76	.00	3	0.60	5.8	0.43	.75	.00	3	0.60	4.5	0.19	.69	.00	1	0.17	2.1	0.15	.83	.00	2	0.25
Moving the Patient - not using equipment																								
064 - Place patient in correct body alignment	69.5	3.26	.46	.01	4	4.00	69.0	3.06	.62	.00	5	4.80	62.6	2.66	.79	.00	6	5.00	36.2	1.72	.26	.14	8	3.38
061 - Turn patient	80.0	3.86	.67	.00	4	4.00	83.6	3.89	.64	.00	5	5.00	89.1	4.17	.83	.00	6	5.00	57.4	2.79	.18	.36	8	3.50

FUNCTIONAL AREA III -- NUTRITION AND ELIMINATION

The tasks in this area are organized into four main sub-areas:

- Nutrition
- Elimination
- Oxygen Procedures
- Administration of Blood

NUTRITION

This sub-area comprises tasks which involve the feeding of patients and is broken down into:

- Activities Involving Normal Mouth Feeding
- Special Feeding

Activities Involving Normal Mouth Feeding (Table VII-7)

The tasks range from meal preparation, serving trays, etc., to observing and measuring intake.

Of the tasks dealing with food trays, "serving" and "collecting the trays" are found to be core to all four job titles. In facility-based job titles, they are core-based on level of employee and employer responses. With respect to H-HHAs, these tasks are core, based on the level of employee response and high "W" values of .71 which indicate a similarity in the distribution of response from provider to provider.

Five tasks are concerned with assisting the patient to eat. Core to all four job titles are "Positioning the Patient for Meals," "Prepare Food So Patient May Assist Self" and "Feed Adult Patient."

Less than 20% of any of the facility-based job titles are routinely involved in feeding children; however, H-HHAs gave the highest response of the four job titles to task #88, "Feeding Infants;" only 23.4% performed this task routinely. (Although facilities whose prime clientele is children were not covered in this survey, seven of the eight participating hospitals did have obstetric and pediatric services.)

Four tasks deal with the preparation of snacks. On the basis of employee response, employer response and "W" values, data indicate that the preparation of snacks, both solids and fluids, is core to all four job titles.

Observing and measuring intake is core to all four job titles also. But the difference in the level of response, on the part of employees and providers, from facility-based personnel and H-HHA personnel, suggests that H-HHAs are less frequently involved with this task.

"Ask Patients about Cultural and Religious and Personal Preferences for Food" is also core to all four job titles.

Implication for Curricula: Each of the tasks covered in ... Normal Mouth Feeding can be implemented in a core curriculum for all four job titles. The exceptions to this would be "Putting Food on Trays," "Feeding Infants and Children," and "Mean Preparation."

Given the level of response to "Put Food on Trays" and "Feeding Children," these tasks can safely be excluded from curricula. "Meal Preparation" should probably be excluded from the core, although the data indicates it is a borderline task.

"Assist Infant Patient to Eat" and Meal Preparation -- Special Diets" should be the subject of modules of curricula which would be provided to H-HHAs only.

Special Feeding (Table VII-8)

Of the eight tasks associated with special feeding only, "Observe and Measure Intake, Including IV" is performed routinely by more than one job title. A majority of LPNs and NAs indicated that they perform this weekly or more often. Forty-nine percent of the NAs in nursing homes indicated they performed this task routinely. All of the six responding nursing home providers expected their NAs to perform this task routinely. From these providers this task received a mean response of 4.83 in importance.

"Discontinuing Intravenous Fluids" was performed by 83.2% of the LPNs and 24.6% of NAs in hospitals. The low "W" value of .49 indicates a disparity in response from provider to provider and that the 24.6% figure may be significantly affected by the response from one or two hospitals.

For this reason and because no hospital provider expected NAs to perform this task, it would not be included in a pre-service curriculum for aides.

"Tube Feeding" and "Irrigation" are performed routinely by a minority of LPNs in hospitals. However, all of their employers expected them to be able to perform these tasks. "Tube Feeding" is also performed by 23.6% of the nursing home-based NAs. The .57 "W" value tends to indicate this is reflective of all the participating nursing homes.

Implication for Curriculum: Task #96, "Observe, Measure and Record Intake, Including IV," should be considered a core task for each of the facility-based job title and provided for in a pre-service curriculum for aides.

ELIMINATION (Table VII-9)

Ten tasks make up this section. These tasks consist of either assisting the patient in some manner or observing, measuring and recording his output.

Table VII-7
Activities Involving Normal Mouth Feeding

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Activities involving nominal mouth feeding																								
089 - Put food on trays	5.3	0.48	.76	.00	1	1.00	9.4	0.56	.68	.00	1	1.00	13.6	0.69	.70	.00	2	1.00	38.3	1.79	.36	.03	3	0.63
084 - Serve food trays	52.6	2.47	.16	.52	2	1.20	48.0	2.27	.35	.04	3	2.20	72.7	3.42	.80	.00	6	5.00	34.0	1.49	.71	.00	2	0.50
083 - Collect food trays	61.1	2.92	.28	.11	3	2.20	53.2	2.53	.61	.00	4	3.20	76.4	3.55	.80	.00	6	5.00	27.7	1.28	.71	.00	2	0.50
079 - Position patient for meals	85.3	3.96	.75	.00	4	4.00	76.6	3.63	.77	.00	5	4.80	78.2	3.63	.85	.00	6	5.00	66.0	2.79	.16	.52	6	2.86
081 - Prepare food so patient may assist self	76.8	3.60	.58	.00	4	3.80	70.2	3.26	.66	.00	5	4.80	77.3	3.55	.73	.00	6	4.83	66.0	2.91	.09	.76	8	3.38
088 - Assist infant patient to eat	17.9	1.14	.68	.00	3	2.80	19.9	1.05	.76	.00	3	3.00	9.1	0.47	.68	.00	2	1.00	23.4	1.21	.59	.00	5	1.00
090 - Feed patient (children)	15.8	1.07	.58	.00	3	2.60	15.2	0.82	.66	.00	3	2.80	9.1	0.46	.72	.00	1	0.17	14.9	0.79	.63	.00	4	0.75
086 - Feed adult patient	53.7	2.63	.25	.17	4	3.40	57.3	2.66	.49	.00	5	4.10	75.5	3.47	.87	.00	6	5.00	40.4	1.91	.27	.13	5	1.75
080 - Prepare and give between-meal nourishment of liquids, e.g., water, juice, coffee	82.1	3.67	.59	.00	3	3.00	80.1	3.73	.71	.00	4	3.80	80.9	3.71	.86	.00	5	4.00	70.2	3.11	.12	.65	6	2.38
085 - Prepare and give solid foods, e.g., pudding, crackers, toast	34.7	1.72	.44	.01	3	2.20	41.5	1.94	.49	.00	4	3.00	42.7	1.97	.75	.00	6	4.83	55.3	2.49	.37	.03	5	2.13
095 - Preparing snacks or drink from nourishment station	46.3	2.01	.47	.00	3	2.80	43.3	2.04	.51	.00	4	3.60	28.2	1.27	.59	.00	5	3.67	17.0	0.81	.69	.00	3	0.88
082 - Observe, measure, and record food and fluid intake	82.1	3.92	.56	.00	4	4.00	85.4	3.98	.79	.00	5	5.00	66.4	3.13	.65	.00	6	4.83	31.9	1.60	.59	.00	6	1.75
087 - Ask patient about cultural, religious, personal preferences for food	34.7	1.74	.44	.00	2	1.20	33.3	1.53	.50	.00	3	2.00	28.2	1.38	.59	.00	3	1.33	25.5	1.11	.63	.00	7	2.13
094 - Meal preparation - special diets	7.4	0.46	.74	.00	1	1.00	10.5	0.59	.67	.00	1	1.00	9.1	0.44	.65	.00	1	0.17	38.3	1.77	.38	.02	4	1.50

Table VII-8
Special Feeding

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Activities involving special feeding:																								
1. Intravenous																								
096 - Observe and measure intake, including IV intake	85.3	4.03	.59	.00	4	3.86	67.8	3.15	.72	.00	4	3.60	49.1	2.42	.55	.00	6	4.17	8.5	0.43	.72	.00	1	0.13
097 - Discontinue intravenous fluids	83.2	3.56	.33	.05	4	3.60	24.6	1.19	.49	.00	0	00	10.1	0.49	.65	.00	1	0.17	4.3	0.28	.84	.00	1	0.13
2. Other																								
098 - Administer nasogastric	16.8	0.98	.61	.00	3	2.40	6.4	0.37	.65	.00	0	00	3.6	0.17	.71	.00	2	0.83	0.0	0.02	.93	.00	1	0.13
099 - Administer gavage	13.7	1.01	.62	.00	2	1.40	4.7	0.36	.68	.00	0	00	1.8	0.08	.81	.00	1	0.17	0.0	0.00	100	.00	1	0.13
100 - Administer gastrostomy	8.4	0.74	.68	.00	3	2.00	5.3	0.36	.64	.00	0	00	1.8	0.17	.69	.00	2	0.83	0.0	0.02	.93	.00	0	0.13
091 - Tube feeding - insertion	24.2	1.42	.38	.02	0	0.00	17.5	0.92	.41	.01	0	00	17.3	0.85	.62	.00	1	0.17	2.1	0.17	.84	.00	0	0.13
092 - Tube feeding - irrigation	27.4	1.57	.45	.01	4	2.80	11.1	0.63	.54	.00	0	00	19.1	0.87	.53	.00	2	0.83	12.8	0.60	.70	.00	2	0.25
093 - Tube feeding - feedings	36.8	2.00	.34	.05	4	2.80	25.1	1.31	.34	.05	0	00	23.6	1.24	.57	.00	3	1.67	6.4	0.30	.75	.00	3	0.38

Task #101, "Cride Bladder," is performed routinely by less than 10% of any of the job titles and by none of the H-HHAs. Task #109, "Removing Fecal Impactions" is performed by 54.5% of the NAs in nursing homes. Six out of six nursing home providers responded, indicating a routine expectation for the NA job title (mean response of 3.67).

Task #145, "Nonmedical Suppository," was performed by 28.4% of LPNs in hospitals. Their employers also indicated (mean response 3.60) that this was a routine part of their LPNs' job.

The remaining tasks -- "Assisting the Patient in Using Bedpan, Urinal, Bedside Commode," or, "Assisting the Patient to Go to the Bathroom," and "Observing, Measuring and Recording Output" (Tasks #102, #105, #106, #103, and #104) -- are core to each of the job titles because in each instance a majority or near majority of each job title indicated that these tasks were performed routinely. And in each instance a majority or near majority of each job title indicated that these tasks were performed routinely. And in each instance a majority of their employers corroborated their responses.

Tasks involving observation, measurement and recording of elimination are core to each of the job title, and the high "W" values tend to indicate that the distribution of response is similar from provider to provider. Twenty-three percent of the H-HHAs indicated they perform those tasks on a routine basis, and six of the eight responding homecare providers indicated that their aides perform these tasks.

Implication for Curriculum: "Assisting the Patient in Elimination" and "Observation, Measurement, and Recording of Output" are core tasks and should be provided for in a curriculum. "Removing Fecal Impactions" should be included in a pre-service curriculum only for NAs in nursing homes.

OXYGEN PROCEDURES

The tasks in this sub-area focus on the performers with procedures for assisting in, or administering oxygen to the patient. The 18 tasks in this sub-area are organized into these sections:

- Administer Oxygen to the Patient
- Rendering Assistance to the Patient in Oxygen Procedures
- Cleaning Patient's Oxygen Passages

The tasks in this sub-area are quite complicated and where performed by these job titles, are performed under the direction of a physician or RN.

Administer Oxygen to Patient (Table VII-10)

Ten tasks make up this area. The response data both on the part of employees and employers show no appreciable involvement with these tasks

Table VII-9
Elimination

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Patient need for elimination:																								
102 - Assist patient in using bedpan	91.6	4.31	.85	.00	4	3.80	91.2	4.38	.82	.00	4	4.00	95.5	4.44	.89	.00	6	5.00	57.4	2.62	.08	.84	8	3.38
105 - Assist patient in using urinal	73.7	3.32	.57	.00	4	3.80	78.9	3.70	.69	.00	5	5.00	67.3	3.08	.51	.00	6	5.00	46.8	2.06	.09	.77	8	3.38
106 - Assist patient in using bedside commode	49.5	2.54	.42	.01	4	3.80	69.6	3.13	.44	.01	5	5.00	63.6	2.74	.66	.00	6	5.00	57.4	2.53	.14	.55	8	3.63
103 - Assist patient in going to bathroom	85.3	4.04	.70	.00	4	3.80	88.9	4.15	.85	.00	4	4.00	94.5	4.37	.85	.00	6	5.00	68.1	3.19	.15	.50	8	3.63
109 - Remove fecal impactions	17.9	1.31	.64	.00	2	1.00	19.9	0.99	.54	.00	1	0.60	54.5	2.38	.31	.07	6	3.67	8.5	0.57	.55	.00	2	0.38
101 - Cride bladder	9.5	0.56	.78	.00	1	0.40	4.1	0.29	.64	.00	0	00	2.7	0.14	.78	.00	1	0.17	0.0	0.00	1.00	.00	1	0.13
104 - Observe, measure, and record output	85.3	4.00	.79	.00	4	3.80	89.5	4.19	.82	.00	5	5.00	76.4	3.50	.77	.00	6	4.83	19.1	1.00	.66	.00	7	2.00
107 - Elimination observation	73.7	3.40	.66	.00	4	3.80	55.6	2.47	.69	.00	5	5.00	39.1	1.72	.69	.00	6	5.00	23.4	0.89	.77	.00	6	2.63
108 - Observe and measure food output elimination	63.2	3.00	.74	.00	4	3.80	59.6	2.74	.61	.00	5	5.00	22.7	1.11	.68	.60	6	4.50	19.1	0.85	.63	.00	3	0.88
145 - Non-medical suppository	28.4	1.52	.41	.00	4	3.60	16.4	0.84	.60	.00	0	0.00	10.9	0.55	.62	.00	4	1.83	0.0	0.23	.78	.00	3	0.63

on the part of NAs in nursing homes and H-HHAs. Of the ten tasks in this section, two were performed routinely by more than 20% of the LPNs and NAs in hospitals: "Administer Oxygen Mask" (Task #115) and "Oxygen-mask and Nasal Canula: Check Gauges" (Task #113).

Implications for Curriculum: Because NAs in hospitals are sufficiently involved in administering oxygen masks and checking oxygen gauges, material covering these topics should be included in a curriculum.

Rendering Assistance to Patients in Oxygen Procedures (Table VII-10)

The tasks which make up this area are Task #110, "Assist Patient Turn, Cough, Deep Breathe," and Task #112, "Assist Patient in Postural Drainage."

"Assist Patient to Turn, Cough, Deep Breathe," was found to be core to each of the job titles. Appreciable majorities of hospital-based LPNs and NAs responded that they performed this task routinely. Forty-one per cent of the nursing home NAs responded that they perform this task routinely, and the response of 3.17 from their employers corroborates the fact that this task is a routine part of a nursing home NA's job. The "W" value of .62 indicates that the 21.3% response to this task on the part of H-HHAs was sufficiently spread out among the providers of home care to warrant identification as a core task.

Implication for Curriculum: The response data clearly show that "Assist Patient to Turn, Cough and Deep Breathe" is core to each of the job titles. Therefore, material necessary to the adequate performance of that task ought to be included in a curriculum.

Cleaning Patient's Oxygen Passages (Table VII-11)

Six tasks are included in this area. The response data clearly shows that less than 20% of the NAs and H-HHAs get routinely involved in the performance of suctioning oxygen passages. However, more than 20% of the LPNs in hospitals perform each of these tasks routinely. The response from their employers clearly corroborates the contention that these are routine parts of an LPN's job.

Implications for Curriculum: Tasks covering suctioning patient's oxygen passages were found to be core only to LPNs in hospitals. Inclusion of material covering these areas in the aide curriculum would appear to be pointless.

Administration of Blood (Table VII-11)

Three tasks are included in this area: Task #200, "Intravenous Therapy, i.e.; Adjust IV, Hourly Readings;" Task #119, "Discontinue Blood Transfusion;" and Task #120, "Regulate Blood Transfusion."

The response data clearly shows that less than 20% of the NAs and H-HHAs get routinely involved in the performance of administering blood. However,

Table VII-10
Administering Oxygen to Patient
ing Patient in Oxygen Procedures

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Administer Oxygen to Patients																								
115 - Administer oxygen mask	33.7	1.72	.46	.01	4	3.40	25.1	1.12	.56	.00	3	1.40	13.6	0.75	.55	.00	3	0.83	2.1	0.23	.77	.00	1	0.13
116 - Administer oxygen catheter	30.5	1.53	.52	.00	3	2.40	18.7	0.82	.63	.00	2	0.40	8.2	0.43	.61	.00	2	0.50	0.00	0.06	.85	.00	1	0.13
125 - Set up and regulate croupette	8.4	0.53	.72	.00	3	2.20	7.6	0.46	.72	00	1	0.20	0.9	0.08	.81	.00	1	0.17	0.00	0.04	.86	.00	1	0.13
121 - Administer oxygen: positive pressure	- 13.7	0.89	.71	.00	1	1.00	10.5	0.58	.61	.00	0	0.00	6.4	0.35	.64	.00	1	0.17	0.00	0.00	1.00	.00	1	0.13
126 - Administer oxygen tent	9.5	0.60	.76	.00	2	1.20	5.3	0.40	.75	.00	0	0.00	0.9	0.15	.84	.00	1	0.17	0.00	0.06	.84	.00	1	0.13
111 - Set up and regulate humidifier	24.2	1.44	.54	.00	2	1.60	28.7	1.33	.53	.00	2	1.20	10.9	0.53	.73	.00	3	1.17	6.4	0.36	.70	.00	1	0.13
113 - Oxygen - mask and nasal cannula: check gauges	53.7	2.48	.11	.67	4	3.40	28.1	1.32	.46	.00	3	1.60	20.9	1.16	.53	.00	3	1.00	4.3	0.26	.73	.00	1	0.13
114 - Set up tent	9.5	0.68	.71	.00	1	0.60	10.5	0.61	.58	.00	2	0.20	0.9	0.27	.70	.00	2	0.33	0.00	0.09	.85	.00	1	0.13
112 - Give artificial respiration	6.3	.76	.76	.00	4	2.60	7.0	0.43	.84	.00	2	0.40	0.9	0.9	.82	.00	1	0.17	2.1	0.15	.78	.00	1	0.13
136 - Artificial respiration	6.3	0.55	.79	.00	4	2.60	5.8	.037	.72	.00	1	0.20	.9	0.15	.74	.00	1	0.17	2.1	0.15	.78	.00	1	0.13
Rendering Assistance to Patient in Oxygen Procedures																								
110 - Assist patient to turn, cough, deep breathe	76.8	3.41	.44	.01	4	4.00	61.4	2.68	.49	.00	4	3.60	41.8	1.91	.42	.01	5	3.17	21.3	1.06	.62	.00	4	1.13
122 - Assist patient with postural drainage	16.6	1.24	.65	.00	4	2.60	14.6	0.40	.39	.02	1	1.00	5.5	0.26	.79	.00	3	1.17	2.1	0.11	.81	.00	4	0.50

more than 20% of the LPNs in hospitals perform each of these tasks routinely. The response from their employers clearly corroborates the contention that these are routine parts of an LPN's job.

Implications for Curriculum: Tasks covering the administering of blood were found to be core only to LPNs in hospitals. Inclusion of material covering these areas in an aide and curricula would appear to be pointless.

Table VII-11
Cleaning Oxygen Passage .
Administering Blood

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Cleaning Patients Oxygen Passage																								
117 - Suction patient's throat passage	53.7	2.66	.14	.53	4	3.60	22.8	1.20	.44	.01	1	0.60	24.5	1.29	.48	.00	3	0.67	2.1	0.19	.77	.00	2	0.25
118 - Suction patient's nose passage	47.4	2.36	.11	.70	4	3.60	18.1	0.92	.55	.00	1	0.60	7.3	0.41	.63	.00	3	0.67	2.1	0.15	.87	.00	1	0.13
123 - Suction patient's tracheotomy	29.5	1.79	.46	.01	4	3.00	12.3	0.73	.58	.00	0	0.00	7.3	0.47	.67	.00	1	0.17	0.0	0.06	.84	.00	2	0.25
124 - Remove and clean inner cannula of tracheotomy	29.5	1.72	.62	.00	2	1.60	8.8	0.57	.59	.00	0	0.00	7.3	0.41	.79	.00	1	0.17	0.0	0.09	.83	.00	1	0.13
153 - Tracheotomy care	36.3	1.69	.59	.00	4	3.00	9.9	0.60	.64	.00	0	0.00	7.3	0.40	.65	.00	1	0.17	0.0	0.04	.90	.00	1	0.13
154 - Tracheal suction	24.2	1.49	.54	.00	4	3.00	11.1	0.64	.56	.00	0	0.00	4.5	0.25	.69	.00	1	0.17	2.1	0.15	.78	.00	1	0.13
Administering Blood																								
119 - Discontinue blood transfusion	43.2	1.98	.40	.02	3	2.40	8.8	0.60	.65	.00	0	0.00	1.8	0.13	.77	.00	1	0.17	0.00	0.00	1.00	.00	1	0.13
120 - Regulate blood transfusion	40.0	1.86	.36	.03	2	1.40	7.6	0.44	.61	.00	0	0.00	0.0	0.05	.84	.00	1	0.17	0.00	0.02	.90	.00	1	0.13
200 - Intravenous therapy, i.e., adjust I.V., hourly readings	55.9	2.67	.34	.04	4	3.60	13.5	0.70	.69	.00	0	0.00	7.3	0.41	.67	.00	1	0.17	0.00	0.02	.90	.00	1	0.13

FUNCTIONAL AREA IV
TREATMENTS, PROCEDURES, MEDICATIONS, AND DIAGNOSTIC ACTIVITIES

The tasks in this area are divided into four sub-areas:

- Treatment and Procedures
- Application of Heat, Cold, and Medicated Therapeutic Agents
- Medications
- Diagnostic Activities

TREATMENT AND PROCEDURES

This subfunctional area is organized into these categories:

- Drainage and Irrigation
- Assist and Apply Bandages
- Assist in Rectal, Vaginal or Proctoscope Procedures
- Instill Solutions

Drainage and Irrigation (Table VII-12)

Twenty-seven tasks make up "Drainage and Irrigation." In all but two cases, fewer than 20% of the H-HHAs perform these tasks on a routine basis. These two tasks are #147, "Giving Cleansing Treatments..." and #148, "Caring for Wounds." However, the low "W" values of .49 and .46 respectively indicate that these tasks are performed more frequently in a few agencies. Therefore, these are more appropriately dealt with in those agencies' own pre-service or in-service program. The fact that only four agencies indicated that their aides perform "Cleansing Treatments" (Task #147) and that only three agencies indicated that their aides perform "Caring for Wounds..." (Task #148) tends to support the contention that these tasks are not core to the H-HHA job title.

Task #130, "Irrigate Rectum" and Task #147, "Giving Cleansing Treatments..." are performed by majorities of LPNs and NAs in hospitals, and sizable minorities of NAs in nursing homes. With one exception, these tasks are marked with low "W" values, indicating varying frequency of performance from facility to facility. However, all the employers of these job titles expect these tasks to be performed routinely by their aides.

Task #148, "Caring for Wounds: Dressing, Irrigating, Changing Dressings," is performed routinely by majorities of LPNs in hospitals and by a large minority of 38.0% of the NAs in nursing homes. Yet their employers uniformly did not respond to this task. This task was also marked by low "W" values in each of the job titles, indicating disparate responses from provider to provider.

Task #180, "Connect Catheters and Tubing to Drainage," is performed by 58.9% of the LPNs, 39.2% of the NAs in hospitals and 48.2% of NAs in nursing homes. For each of these job titles, responses indicate an expectation of frequent performance.

Task #127, "Empty Drainage Bottle and Bags" and Task #128, "Check and Maintain Drainage Tubing without Suction," are performed by sizable majorities of each of the facility-based job titles. A majority of employers of these job titles also responded to the task, corroborating the data supplied by the personnel.

"Collection of Specimens" is a task core to LPNs in hospitals and NAs in nursing homes. Of the LPNs, 89.5% responded that they perform this task weekly or more frequently; 87.1% of nurse aides gave similar responses. All of their employers responded to this task and the mean responses to frequency of 3.80 for employers of LPNs in hospitals and 5.00 for employers of nurse aides in hospitals indicate that providers expect this to be performed routinely by the LPNs and aides. Of the NAs in nursing homes, 48.2% responded that they perform this task weekly or more frequently, while the low "W" value indicates uneven frequency of performance from provider to provider. The response of six out of eight providers with a mean frequency of 3.33 indicates that nursing home providers expect this task to be performed by their aides.

Implication for Curriculum: No tasks in this section have been identified as core for H-HHAs; therefore, none would be included in a curriculum for them.

Task #130, "Irrigating Rectum" and Task #147, "Giving Cleansing Treatments," have been identified as tasks core to each of the job titles except H-HHA, and should be provided for in a core curriculum.

Task #148, "Caring for Wounds...," is core to LPNs in hospitals and NAs in nursing homes. Although 38% of hospital aides did respond that they perform this task weekly or better, the low "W" value and the absence of any response by providers indicates that the task need not be provided for in pre-service curricula for hospital aides.

Working with the drainage tubing of catheters (comprising Tasks #180, #127, and #128) is core to all facility-based job titles and therefore should be included in the curricula.

Assist in Applying Bandages (Table VII-13)

Five tasks make up this section and only one can be considered core to each of the four job titles. Task #131, "Assist with and or Apply Ace Bandages or Elastic Stockings," is performed by 72.6% of the LPNs, 67.3% of the NAs in hospitals, 47.3% of the NAs in nursing homes and 40.4% of the H-HHAs. Employers of these job titles uniformly responded to these tasks. Their mean response to frequency indicates their expectation of routine performance.

Table VII-12
Drainage and Irrigation

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Treatments and Procedures: Drainage and Irrigation																								
193 - Irrigate eye, ear, throat	11.6	0.78	.75	.00	2	1.60	3.5	0.22	.74	.00	0	00	2.7	0.18	.71	.00	1	0.17	0.0	0.04	.86	.00	1	0.13
150 - Irrigation - eye	13.7	0.96	.78	.00	3	1.80	7.0	0.42	.62	.00	0	00	7.3	0.34	.65	.00	1	0.17	6.4	0.28	.72	.00	1	0.13
151 - Irrigation - ear	7.4	0.67	.77	.00	2	1.60	4.7	0.32	.66	.00	0	00	5.5	0.28	.65	.00	1	0.17	0.0	0.09	.86	.00	1	0.13
152 - Irrigation - nose	5.3	0.55	.79	.00	2	1.60	4.7	0.31	.71	.00	0	00	3.6	0.23	.63	.00	1	0.17	0.0	0.02	.90	.00	1	0.13
192 - Vaginal (douche)	20.0	1.31	.73	.00	4	3.40	15.8	1.01	.75	.00	3	1.60	15.5	0.93	.54	.00	4	1.67	6.4	0.38	.62	.00	3	1.13
130 - Irrigate rectum (enema)	61.1	2.76	.19	.33	4	3.60	59.6	2.49	.63	.00	5	4.60	36.4	1.66	.45	.01	6	3.83	10.6	0.72	.65	.00	5	1.25
147 - Giving cleansing treatments: enemas, douches	64.2	2.83	.34	.04	4	3.80	62.6	2.66	.46	.00	5	4.40	43.6	1.99	.34	.04	6	3.50	23.4	1.17	.46	.00	4	1.25
187 - Irrigate bladder	35.8	1.83	.31	.08	4	3.40	11.1	0.59	.40	.01	0	00	21.8	0.99	.53	.00	3	1.50	6.4	0.28	.57	.00	2	0.50
196 - Irrigate colostomy	23.2	1.42	.67	.00	4	3.20	13.5	0.71	.69	.00	0	00	10.0	0.51	.64	.00	1	0.17	6.4	0.30	.78	.00	2	0.38
197 - Irrigate stomach	9.5	0.69	.72	.00	4	3.00	5.8	0.30	.64	.00	0	00	0.9	0.07	.82	.00	1	0.17	0.0	0.04	.90	.00	1	0.13
190 - Irrigate wound	40.1	2.12	.29	.00	3	2.00	12.3	0.67	.60	.00	0	00	14.5	0.75	.62	.00	2	0.67	6.4	0.28	.74	.00	1	0.25
156 - Washing and dressing lacerations	40.0	2.03	.35	.04	3	2.40	21.6	1.06	[illegible]	.00	0	00	19.1	1.00	.56	.00	4	2.00	8.5	0.34	.74	.00	3	0.63
148 - Caring for wounds: dressing, irrigating, changing dressings	71.6	3.17	.45	.01	4	3.80	38.0	1.79	.34	.04	0	00	52.7	2.31	.45	.01	3	1.83	21.3	1.00	.46	.00	3	1.13
180 - Connect catheters and tubin to drainage	56.9	2.84	.15	.53	4	3.80	39.2	1.89	.35	.04	4	2.40	48.2	2.18	.57	.00	4	2.50	10.6	0.60	.51	.00	5	1.63
186 - Insert urinary catheters	45.3	2.05	.22	.24	4	3.40	11.7	0.62	.55	.00	0	00	9.1	0.43	.72	.00	1	0.17	0.0	0.02	.90	.00	1	0.13
137 - Enterostomy care - colostomy	26.3	1.49	.58	.00	4	3.00	13.5	0.77	.55	.00	1	6.40	17.3	0.80	.55	.00	2	0.83	8.5	0.32	.77	.00	2	0.50
138 - Enterostomy care - sigmoidoscopy	20.9	1.21	.71	.00	4	3.20	14.0	0.72	.53	.00	2	1.40	7.3	0.11	.62	.00	1	0.17	4.3	0.30	.70	.00	1	0.13
139 - Enterostomy care - illiostomy	13.7	1.09	.68	.00	4	2.80	9.9	0.58	.53	.00	1	6.40	1.8	0.13	.75	.00	2	0.50	0.0	0.11	.63	.00	1	0.38
140 - Basic catheter care - French insertion	32.6	1.58	.51	.00	4	3.40	8.8	0.47	.53	.00	0	00	6.4	0.28	.60	.00	1	0.17	4.3	0.15	.84	.00	1	0.13
141 - Basic catheter care - Foley insertion	46.3	2.25	.15	.52	4	3.40	11.1	0.65	.58	.00	1	1.00	12.7	0.62	.62	.00	2	0.17	4.3	0.19	.81	.00	1	0.13
142 - Basic catheter care - irrigation	50.5	2.39	.31	.08	3	2.60	15.2	0.82	.41	.01	0	00	39.1	1.56	.57	.00	3	1.33	19.1	0.89	.24	.19	3	1.13
143 - Irrigation with installation	25.3	1.27	.60	.00	2	1.40	7.6	0.38	.61	.00	0	0.00	5.5	0.27	.65	.00	1	0.17	2.1	0.09	.84	.00	2	0.50
144 - External application	32.6	1.52	.59	.00	4	3.40	12.3	0.59	.56	.00	3	3.00	7.3	0.39	.67	.00	5	3.33	2.1	0.09	.90	.00	5	1.50
127 - Empty drainage bottles and bags	74.7	3.36	.40	.02	3	2.80	76.6	3.44	.72	.00	4	3.80	78.2	3.49	.66	.00	6	4.50	19.1	1.82	.57	.00	7	2.63
128 - Check and maintain drainage tubing without suction, e.g., urinary, catheters, T-tube	67.4	3.06	.30	.09	4	3.80	60.8	2.78	.48	.00	3	2.20	50.0	2.15	.55	.00	5	3.6	19.1	0.81	.47	.00	5	2.38
129nn- Collection of specimens	89.5	3.87	.42	.01	4	3.80	87.1	3.95	.80	.00	5	5.00	48.2	2.12	.38	.02	6	3.33	12.8	0.70	.43	.01	2	0.75
185 - Check and maintain drainage tubing with suction, e.g., chest, gastric	31.6	1.75	.50	.00	4	3.60	19.3	1.84	.51	.00	3	1.40	2.7	0.18	.71	.00	1	0.17	2.1	0.09	.90	.00	1	0.13

"Assist With and Apply Non-sterile Rolled Bandages" (Task #133) was performed by sizable minorities of the facility-based job titles. The "W" values for these tasks -- all below .55 -- indicate dissimilar responses from provider to provider.

Implication for Curriculum: "Assisting with or applying ace bandages and elastic stockings" (Task #131) should be considered a core task and provided for in curricula for each of the job titles.

Task #133, "Assist With and/or Apply Non-sterile Rolled Bandages" should also be included in a curriculum on the basis that the employers of facility-based personnel expect their employees to perform the task fairly frequently.

Assisting with Rectal, Vaginal and Proctoscopic Procedures (Table VII-13)

This section is composed of four tasks, none of which involve any technical skill. Nursing home and home-care providers do not see these tasks as a routine part of their aides' jobs. The responses of the aides tend to confirm this observation.

A minority of LPNs and NAs in hospitals do perform these four tasks routinely. Hospital providers appear to expect these personnel to perform this task weekly or more frequently.

Implication for Curriculum: Provide for these tasks in a curriculum for hospital-based LPNs and NAs.

Instill Solutions (Table VII-14)

Instilling solutions in five parts of the anatomy comprises the five tasks of this section. Response data from both the employees and employers shows that instilling solutions appears to be the sole preserve of LPNs in hospitals. Fewer than 20% of the NAs responded that they perform this task weekly or better. No responding hospital and only one or two nursing homes and one home health agency indicated that NAs perform these tasks. And in each instance, the mean response to frequency indicates that these providers do not expect their employees to perform this task frequently.

Implications for Curriculum: Inclusion of these tasks in a curriculum designed for hospital LPNs is suggested, largely on the basis of expectations of providers, all of whom responded to the task and all of whom expected their LPNs to perform the tasks frequently.

Assist with Somatic Therapies

Two tasks in this area are not performed by any of the job titles studied.

APPLICATION OF HEAT, COLD, AND MEDICATED THERAPEUTIC AGENTS

By and large the application of heat, cold, and medicated therapeutic agents are tasks which appear to be performed in hospitals. Of the 21

Table VII-13
Assisting with Application of Bandages and Rectal, Vaginal or Proctoscopic Procedures

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee					Employer	Employee					Employer	Employee					Employer	Employee					Employer
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Assist apply bandages																								
131 - Assist with and/or apply ace bandages and elastic stockings	72.6	3.15	.34	.05	4	3.80	67.3	2.94	.47	.00	5	4.60	47.3	2.04	.36	.03	6	3.83	40.4	1.96	.13	.59	8	2.25
132 - Assist with and/or apply nonsterile dressing T, straight, scultetus, breast & triangular (sling) binders	50.5	2.46	.08	.80	4	3.80	32.7	1.58	.56	.00	4	3.60	18.2	0.79	.58	.00	4	2.33	12.8	0.62	.62	.00	5	1.38
133 - Assist with and/or apply nonsterile dressing roller bandages	48.4	2.33	.37	.03	4	3.80	30.4	1.47	.54	.00	3	2.40	22.7	1.06	.51	.00	4	2.00	14.9	0.74	.46	.00	6	1.25
134 - Assist with and/or apply splints	10.5	0.77	.55	.00	3	2.20	11.1	0.58	.77	.00	0	0.00	1.8	0.13	.77	.00	1	0.17	4.3	0.19	.78	.00	1	0.13
194 - Apply tourniquet	9.5	0.72	.75	.00	2	0.60	4.7	0.30	.65	.00	0	0.00	0.9	0.10	.88	.00	1	0.17	0.0	0.00	1.00	.00	2	0.25
Assist in rectal, vaginal, or proctoscopic procedures																								
181 - Position and hold patient for rectal, vaginal, or proctoscopic	37.9	2.08	.29	.10	4	3.80	24.6	1.42	.49	.00	4	3.00	15.5	0.79	.60	.00	3	0.83	0.0	0.09	.80	.00	2	0.50
182 - Set up equipment for rectal, vaginal, or proctoscopic	29.5	1.80	.40	.02	4	3.40	20.5	1.12	.59	.00	4	2.60	4.5	0.32	.71	.00	2	0.67	0.0	0.13	.79	.00	3	0.75
183 - Screen and drape patient for rectal, vaginal, or proctoscopic	30.5	1.85	.48	.00	4	3.60	26.3	1.32	.53	.00	5	3.00	5.5	0.32	.66	.00	2	0.67	4.3	0.21	.73	.00	3	0.75
184 - Assist physician with equipment for rectal, vaginal, or proctoscopic	30.5	1.89	.45	.01	4	3.20	23.4	1.31	.47	.00	3	1.60	3.6	0.26	.75	.00	2	0.67	2.1	0.13	.75	.00	3	0.75

Table VII-14
Instill Solutions
Assist with Somatic Therapies

Task	LPNs in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Instill Solutions																								
188 - Instill solutions into eye, ear, nose	22.1	1.31	.55	0.00	3	2.60	5.8	0.39	.75	0.00	0	0.00	9.1	0.47	.57	0.00	1	0.17	2.1	0.26	73	0.00	1	0.13
189 - Instill solutions into bladder	21.1	1.15	.64	0.00	3	2.60	8.8	0.45	.59	0.00	0	0.00	7.3	0.35	.67	0.00	1	0.33	4.3	0.21	.81	0.00	1	0.13
195 - Instill solutions into vagina	1.50	0.92	.77	0.00	3	1.80	7.6	0.47	.64	0.00	0	0.00	5.5	0.33	.65	0.00	2	1.33	4.3	0.19	.77	0.00	1	0.25
198 - Instill solutions into stomach	8.4	0.62	.63	0.00	3	1.60	5.8	0.32	.64	0.00	0	0.00	0.9	0.06	.82	0.00	1	0.17	0.0	0.02	.90	0.00	1	0.13
191 - Instill solutions into wound	6.56	30.5	.52	0.00	2	1.80	7.0	0.39	.66	0.00	0	0.00	6.4	0.35	.70	0.00	2	0.50	4.3	0.17	.84	0.00	1	0.25
Assist with Somatic Therapies																								
135 - Apply defibrillator	0.23	1.1	84	0.00	0	0.00	3.5	0.24	.70	0.00	0	0.00	.9	.09	.77	0.00	1	0.17	0.0	0.02	.90	0.00	1	0.13
199 - Assist with somatic therapies	0.00	8.4	74	0.00	1	1.00	4.7	0.33	.85	0.00	1	1.00	3.6	0.25	.70	0.00	1	0.17	0.0	0.04	.90	0.00	1	0.13

tasks in this subfunctional area, only two are performed routinely by more than 20% of the nursing home NAs. These tasks are "Applying a Thermal Blanket" (Task #163); "Applying Ice Bags" (Task #159). Task #160, "Applying Heating Pads," is the only one performed by more than 20% of the H-HHAs on a routine basis.

Application of Heat (Table VII-15)

In hospital patient-care settings, more than 20% of the LPNs and NAs perform all the tasks associated with applying heat except #165, "Apply Heat Cradle."

"Apply Heating Pads" is the only one of these tasks performed by more than 50% of the LPNs and NAs.

By and large, all of the tasks associated with applying heat are expected by hospital providers to be performed by NAs and LPNs on a routine basis.

Application of Cold (Table VII-15)

Five tasks make up this section. Only LPNs and NAs in hospitals see themselves performing these tasks on a routine basis. "Apply Ice Bags" was the only task that was performed by more than 50% of the hospital aides.

Application of Medicated Therapeutic Agents (Table VII-16)

The seven tasks in this area are core to none of the titles. When performed at all, they are only performed by RNs.

MEDICATIONS (Table VII-17)

From the response data, giving medications would appear to be outside the purview of aide level personnel, with the possible exception of "Assist in Self-administered Medications" (Task #206). Thirty-two percent of the H-HHAs indicated that they performed this task on a routine basis.

Implications for Curriculum: Curriculum pertaining to working with medicines is applicable only to LPNs. From the response data any curriculum for aides which went beyond assisting in self-administering medications and caution in handling medications would appear to be pointless.

DIAGNOSTIC ACTIVITIES

This subfunctional area is organized into these sections:

- Pulse and Respiration
- Temperature
- Specimen Collecting and Testing

Table VII-15
Application of Heat and Cold Therapeutic Agents

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Heat																								
162 - Apply hot water bottle	44.2	2.22	.11	.69	4	3.60	54.4	2.42	.28	.11	4	3.00	16.4	1.03	.62	.00	3	1.67	12.8	0.79	.64	.00	6	1.00
150 - Apply heating pads	51.6	2.32	.22	.25	2	2.00	52.0	2.40	.26	.15	3	2.60	17.3	0.99	.76	.00	3	1.33	31.2	1.40	.42	.01	3	0.50
172 - Apply hot packs	37.9	1.88	.26	.16	3	2.00	38.6	1.73	.49	.00	2	1.00	8.2	0.56	.75	.00	3	1.00	8.5	0.43	.62	.00	2	0.36
174 - Apply hot compresses	40.0	2.08	.33	.06	4	2.80	38.0	1.79	.46	.00	3	1.80	9.1	0.55	.61	.00	5	2.17	6.4	0.40	.66	.00	5	0.75
176 - Administer hot soaks	35.8	2.04	.26	.15	4	2.40	29.2	1.33	.47	.00	3	1.40	8.2	0.52	.57	.00	4	2.00	8.5	0.38	.74	.00	3	0.38
165 - Apply heat cradles	4.2	0.49	.80	.00	3	1.80	9.4	0.70	.76	.00	3	1.60	0.9	0.11	.80	.00	2	1.00	0.0	0.11	.80	.00	1	0.3
16[illegible] - Administer Sitz bath	36.8	2.05	.22	.26	4	3.60	42.1	2.15	.20	.32	5	4.20	13.6	0.79	.59	.00	3	1.33	2.1	0.45	.81	.00	7	1.25
163 - Apply thermal blanket	44.1	2.02	.29	.10	4	2.60	47.4	2.20	.28	.12	4	2.40	20.0	0.94	.52	.00	3	1.67	6.4	0.40	.69	.00	1	0.13
164 - Administer tepid baths	24.2	1.41	.51	.00	4	3.00	23.4	1.12	.53	.00	5	3.40	9.1	0.43	.64	.00	4	2.50	4.3	0.30	.78	.00	3	0.53
Cold																								
171 - Apply cold packs	29.5	1.80	.64	.00	3	1.40	45.0	2.05	.45	.01	3	1.40	9.1	0.62	.72	.00	3	1.33	4.3	0.36	.77	.00	2	0.25
173 - Apply cold compresses	37.9	2.04	.41	.01	4	2.00	38.0	1.86	.46	.00	4	2.00	7.3	0.58	.66	.00	5	2.17	2.1	0.23	.77	.00	4	0.63
175 - Administer cold soaks	27.4	1.59	.55	.00	4	2.40	25.7	1.20	.48	.00	4	2.40	2.7	0.26	.76	.00	4	1.67	6.4	0.34	.70	.00	3	0.38
159 - Apply ice bags	60.0	2.94	.25	.17	4	3.80	70.8	3.22	.26	.14	5	4.20	20.9	1.20	.52	.00	5	2.50	10.6	0.96	.56	.00	5	0.75
170 - Temperature reduction sponge	10.5	.98	.82	.00	3	1.40	20.5	1.04	.71	.00	3	1.20	11.8	0.58	.59	.00	4	1.50	6.4	0.30	.72	.00	3	0.38

Table VII-16
Application of Medicated Therapeutic Agents

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Medicated therapeutic agents																								
166 - Administer alcohol baths	11.6	1.06	.68	0.00	3	1.40	19.9	1.27	.55	0.00	3	1.40	11.8	0.78	.77	0.00	5	2.00	4.3	0.47	.71	0.00	2	0.25
167 - Apply infra-red bath	2.1	0.24	.81	0.00	0	0.00	4.7	0.33	.75	0.00	0	0.00	1.8	0.07	.84	0.00	1	0.17	0.0	0.11	.80	0.00	1	0.13
168 - Apply medicated bath	7.4	0.72	.76	0.00	4	2.00	9.4	0.62	.67	0.00	4	1.00	3.6	0.25	.73	0.00	5	1.83	6.4	0.26	.76	0.00	2	0.25
169 - Apply ultraviolet lamps	8.4	0.66	.73	0.00	0	0.00	11.7	0.68	.63	0.00	0	0.00	10.0	0.52	.59	0.00	2	1.00	2.1	0.17	.82	0.00	1	0.13
177 - Apply medicated compresses	21.1	1.25	.65	0.00	4	2.80	12.9	0.61	.57	0.00	1	0.20	6.4	0.34	.64	0.00	3	1.00	2.1	0.15	.82	0.00	3	0.50
178 - Apply medicated packs	16.8	0.95	.61	0.00	3	2.20	9.4	0.55	.58	0.00	1	0.20	2.7	0.21	.71	0.00	2	0.33	2.1	0.13	.81	0.00	1	0.13
179 - Administer medicated soaks	23.2	1.28	.54	0.00	4	2.40	12.3	0.60	.55	0.00	1	1.20	6.4	0.35	.69	0.00	3	0.67	6.4	0.23	.78	0.00	2	0.38

Table VII-17
Medications

Task	LPNs in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Medications																								
201 - Give oral medications	64.2	2.95	.25	0.17	4	3.80	7.0	0.46	.64	0.00	0	0.00	34.5	1.53	.76	0.00	3	1.33	23.4	1.21	.55	0.00	1	0.25
202 - Prepare injections	58.9	2.68	.25	0.17	4	3.80	3.5	0.22	.69	0.00	0	0.00	6.4	0.27	.75	0.00	1	0.17	2.1	0.15	.83	0.00	1	0.13
203 - Give intra-muscular medication	57.9	2.73	.22	.24	4	3.80	3.5	0.18	.69	0.00	0	0.00	3.6	0.17	.82	0.00	1	0.17	2.1	0.17	.81	0.00	1	0.13
204 - Give rectal medications	50.5	2.37	.19	.35	4	3.80	11.7	0.54	.57	0.00	0	0.00	17.3	0.80	.55	0.00	2	0.50	0.0	0.13	.84	0.00	1	0.13
205 - Give inhalation medications	16.8	0.97	.69	.00	2	1.80	3.5	0.22	.66	0.00	0	0.00	0.9	0.08	.84	0.00	1	0.17	0.0	0.02	.90	0.00	1	0.13
206 - Assist in self-administered medications	30.5	1.49	.52	.00	4	3.00	7.6	0.37	.62	0.00	0	0.00	7.3	0.37	.57	0.00	3	1.33	31.9	1.30	.55	0.00	6	2.13
207 - Prepare medications	50.5	2.37	.28	.11	4	3.80	3.5	0.20	.73	0.00	0	0.00	10.9	0.49	.64	0.00	2	1.00	10.6	0.47	.75	0.00	1	0.13
208 - Administer medications (pour and distribute)	50.5	2.42	.33	.06	4	3.80	2.9	0.21	.71	0.00	0	0.00	13.6	0.58	.68	0.00	3	1.33	8.5	0.49	.81	0.00	2	0.50

Pulse and Respirations (Table VII-18)

Two of the six tasks in this section can be considered core to each of the job titles. Task #210, "Count Pulse at Pressure Points" and Task #209, "Count Respirations" are performed routinely by more than 50% of LPNs and NAs in hospitals and about 40% of NAs in nursing homes and H-HHAs. The employers' mean responses to frequency indicate that employers believe this to be a routine part of their employees' job. The lowest mean for any job title in these two tasks assigned by facility-based employers was 3.00. A majority of home-care providers also responded to these tasks; however, their responses yielded somewhat lower means.

Task #226, "Blood Pressure" should also be considered core for all but the H-HHAs. Almost 90% of the LPNs responded that they perform this task weekly or more frequently; 72.5% of the hospital-based NAs and 38.2% of the nursing home aides responded to the task. Their mean responses to frequency all indicate that they see this as a routine part of the LPNs and aide's job.

Temperature (Table VII-18)

"Taking Oral and Rectal Temperature" (Tasks #211 and #214) should be considered core tasks for each of the four job titles. Majorities of each of the facility-based personnel responded that they perform this task weekly or more frequently. Their employers all responded, seeing this as a daily task for aides and almost daily for LPNs (mean 3.80). Forty-two percent of the H-HHAs responded that they "take oral temperatures" weekly or better; 27.7% responded that they "take rectal temperatures" weekly or better. In both cases, a majority of the home-care providers responded to these tasks. Their mean responses to frequency for oral temperature (1.88) and rectal temperature (1.38) indicate that taking temperatures either orally or rectally may not be a routine part of the aide's job.

"Take Axillary Temperature" (task #219) is performed on a routine basis by 30.5% of the LPNs in hospitals, 40.9% of the NAs in hospitals, and 19.1% of the NAs in nursing homes. For each of these job titles, a majority of their employers responded to the task. Their mean responses to frequency indicate that this is not necessarily a routine task. The low "W" values of .49 for LPNs and .30 for NAs in hospitals tend to confirm this.

Specimen Collecting and Testing (Table VII-19)

This section comprises 15 tasks. None of them could be considered core to the H-HHA job title. Task #212, "Collect Urine Specimen," was performed routinely by 19.1% of the H-HHAs

The "W" value of .36 shows that it was performed at different levels of frequency at various home-care providers. A majority of home-care providers, five out of eight, did respond to this task, but their mean response to frequency (1.50) suggests that it is not a routinely performed task.

Table VII-18
Pulse, Respiration, and Temperature

Task		LPN's In Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
		Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
		3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Diagnostic Activities																									
A. Pulse and Respiration																									
210	- Count pulse at pressure points (radial)	86.3	4.03	0.62	.00	4	4.00	76.0	3.60	.78	.00	5	4.80	40.9	1.93	.20	.32	4	3.17	36.2	1.53	.31	.67	5	1.63
231	- Count pulse: apical	60.0	2.97	.12	.63	4	3.20	33.3	1.67	.35	.04	0	0.00	10.9	0.62	.55	.00	3	1.50	6.4	0.32	.69	.00	1	0.13
209	- Count respirations	91.6	4.28	.65	.00	3	3.00	86.0	4.04	.72	.00	4	3.80	44.5	2.11	.25	.17	5	4.00	44.7	1.94	.32	.06	7	2.38
232	- Count fetal heart tones	9.5	0.63	.66	.00	3	2.20	8.2	0.48	.64	.00	0	0.00	4.5	0.20	.65	.00	1	0.17	00.0	0.04	.98	.00	1	0.13
222	- Assist and/or take electrocardiograms	11.6	0.71	.74	.00	0	0.00	10.5	0.57	.56	.00	0	0.00	1.8	0.13	.84	.00	1	0.17	2.1	0.15	.63	.00	1	0.63
226	- Blood pressure	89.5	4.16	.61	.00	4	4.00	72.5	3.25	.69	.00	4	3.80	38.2	1.74	.37	.03	5	3.33	8.5	0.66	.43	.01	3	1.00
B. Temperature																									
211	- Take oral temperature	84.2	4.02	.54	.00	4	3.60	88.3	4.17	.77	.00	5	5.00	71.8	3.10	.38	.02	6	4.50	42.6	2.19	.16	.55	7	1.88
214	- Take rectal temperature	64.2	2.96	.10	.76	4	3.80	69.6	3.26	.52	.00	5	5.00	73.6	3.07	.45	.01	6	4.17	27.7	1.43	.46	.60	6	1.38
219	- Take temperature: axillary	30.5	1.79	.89	.00	3	1.80	40.9	2.11	.30	.08	4	2.40	19.1	1.07	.58	.00	4	0.83	10.6	0.64	.67	.00	2	0.25

Four tasks covering routine urinalysis can be considered core to facility-based personnel. Tasks #212, "Collect Urine Specimen," and #215, "Test Urine for Sugar and Acetone," are performed by majorities of each of the job titles. Task #227, "Clinitest," is performed by a majority of the hospital-based LPNs and NAs and 43.6% of the NAs in nursing homes. Task #228, "Acetest," is also performed by a majority of the hospital-based LPNs and aides and 37.3% of the NAs in nursing homes. All the hospital providers responded to this task, and their mean response to frequency shows these tasks to be daily elements of the aide's job and an almost daily element of the LPN's job. Five out of six nursing home providers responded to this task. Their mean responses to frequency -- 2.33 for collecting specimens and 3.67 for testing for sugar and acetone -- indicate that these tasks are perceived as routine to the aide's job.

Task #216, "Collect Stool Specimen," and Task #217, "Collect Sputum Specimen," are performed routinely by a majority of the hospital-based LPNs and aides, and by less than 20% of the NAs in nursing homes. The hospital providers all responded to these tasks, seeing them as routine elements of their employee's tasks. Nursing home providers, all of them responding, saw these tasks as being performed by their aides between monthly and weekly.

Implications for Curriculum: The following tasks should be considered core for each of the four job titles and provided for in a curriculum: #210, "Count Pulse at Pressure Points;" #209, "Count Respiration;" #211, "Take Oral Temperature;" #214, "Take Rectal Temperature."

The following tasks should be considered core for the facility-based job titles; #226, "Take Blood Pressure;" #212, "Collecting Urine Specimen;" #215, "Test for Sugar and Acetone;" #227, "Clinitest;" #228, "Acitest." Tasks #217 and #216, "Collecting Sputum" and "Stool Specimen," are core only for hospital-based LPNs and aides.

From the distribution of the response data it would appear to be a waste of training resources to train H-HHAs in collecting specimens, since so few of them do it on a routine basis.

Table VII-19
Specimen Collecting and Testing

Task	LPN's In Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
C. Specimen Collecting and Testing																								
212 - Collect urine specimen	89.5	3.89	.70	.00	4	3.60	90.6	4.07	.83	.00	5	5.00	59.1	2.58	.29	.10	5	2.33	19.1	1.04	.36	.03	5	1.50
213 - Application of a pediatric urine collector	17.9	1.02	.60	.00	4	3.80	22.8	1.16	.66	.00	4	3.40	6.4	0.29	.73	.00	1	0.17	2.1	0.17	.75	.00	1	0.13
216 - Collect stool specimen	58.9	2.69	.14	.53	4	3.60	68.4	3.04	.26	.15	5	4.80	15.5	0.93	.40	.02	6	2.50	2.1	0.28	.64	.00	2	0.75
217 - Collect sputum specimen	53.7	2.43	.14	54	4	3.40	53.2	2.52	.11	69	5	4.20	10.9	0.66	.63	.00	6	2.17	0.0	0.15	60	.00	2	0.25
220 - Collect gastric specimen	16.8	1.11	.68	.00	1	0.60	17.0	0.86	.63	.00	0	0.00	0.9	0.10	.83	.00	1	0.17	0.0	0.02	.90	00	1	0.13
233 - Do nose and throat cultures	17.9	0.99	.65	.00	1	0.60	2.9	0.27	.66	.00	0	0.00	0.9	0.06	.82	.00	1	0.17	0.0	0.06	.65	.00	1	0.13
234 - Do wound cultures	27.4	1.44	.41	.01	1	0.60	5.8	.36	.65	.00	0	0.00	0.9	0.10	.79	.00	2	0.50	0.0	0.06	.65	.00	1	0.25
218 - Do routine urinalysis	36.8	1.63	.56	.00	1	1.00	34.5	1.63	.56	.00	1	1.00	12.7	0.61	.53	.00	1	0.17	4.3	0.19	58	.00	1	0.63
215 - Test urine for sugar and acetone	75.8	3.38	36	.03	4	3.80	78.9	3.57	.75	.00	5	4.80	61.8	2.84	.35	.04	5	3.67	17.0	0.89	.55	.00	4	1.38
227 - Clinitest	66.3	3.14	.29	.10	4	3.80	62.0	2.78	63	.00	5	4.60	43.6	2.02	.31	.08	5	3.67	4.3	0.23	53	.00	3	1.00
228 - Acitest	62.1	2.97	.35	.04	4	3.80	62.0	2.73	.51	.00	5	4.60	37.3	1.74	.39	.02	5	3.67	0.0	0.13	.85	.00	3	1.00
223 - Draw sample of blood	1.1	0.18	.80	.00	0	0.00	2.9	0.17	.71	.00	0	0.00	0.0	0.02	.89	00	1	0.17	2.1	0.15	.63	.00	1	0.63
221 - Assist with and/or take x-rays	23.2	1.32	.53	.00	1	0.40	18.1	1.02	55	.00	1	0.40	1.8	0.25	.71	.00	1	0.17	0.0	0.09	.83	.00	1	0.13
224 - Doing cervical smears	2.1	0.26	.82	.00	0	0.00	2.3	0.16	.70	00	0	0.00	0.0	0.02	.89	.00	1	0.17	0.0	0.04	.90	.00	1	0.13
225 - Doing venereal disease smears	2.1	0.20	.84	.00	0	0.00	2.9	0.17	.71	.00	0	0.00	0.0	0.03	.89	.00	1	0.17	0.0	0.02	.90	.00	1	0.13

FUNCTIONAL AREA V - OBSERVATION AND COMMUNICATION

This functional area is organized into two sub-functional areas:

- Observation, Analysis and Interpretation
- Oral and Written Communication

OBSERVATION, ANALYSIS AND INTERPRETATION

The tasks in this sub-functional area are not services to the patient but are necessary if adequate nursing care is to be rendered. They involve the performer's ability to understand the patient's condition and recognize signs and symptoms which may be abnormal to the patient's condition, and to take appropriate action--even if the appropriate action might be simply to inform the charge nurse.

These 22 tasks are best organized into these areas:

- Observing the patient's condition
- Identifying patient needs
- Evaluating patient care.

Observing the Patient's Condition (Table VII-20)

There are eight tasks in this area. These differ only in what the performer is observing, not in the manner of observation. The observation may take place while the performer is carrying out other patient care tasks.

Observation here does not necessarily require a high degree of familiarity with diseases. The performer is simply expected to be able to identify and report signs or symptoms that are unusual or unexpected in any individual patient.

All eight tasks are core to each of the job titles. All of the tasks are performed routinely by 50% or more of the hospital-based LPNs and NAs. Only to Task #240, "Observing Negative Physical and Emotional Responses to Treatments," did less than a majority of hospital providers respond. However, the high "W" values for that task -- .71 for LPNs and .74 for NAs -- indicate the distribution of response to this task was fairly similar from hospital to hsopital.

With the exception of one task, "Observe Positive Physical and Emotional Responses to Treatments, Medications, Nursing Care," (#238) all tasks are performed routinely by 47.3% of the NAs. Five out of six providers responded (mean response to frequency 4.00), indicating a routine expectation of performance for NAs.

Majorities of H-HHAs perform six out of eight observation tasks on a routine basis. Task #238 is performed routinely by 36.2% of the H-HHAs and Task #240 is performed routinely by 40.4% of the H-HHAs. A majority of home-care providers responded to both of these tasks, and their mean responses indicate an expectation of routine performance.

The "W" values for each of the facility-based job titles by and large are above .55. This indicates that the distribution of responses is similar from provider to provider.

Identifying Patient Needs (Table VII-20)

The three tasks which make up this area are performed routinely by majorities of hospital-based LPNs and NAs. Two of these tasks are performed routinely by majorities of nursing home NAs. The third task is performed routinely by 46.4% of the nursing home NAs. However, the mean response 3.83 from five of six nursing home providers indicates that they expect that this task, "Make Plans for Patient Care," (#242) which includes obtaining information about the patient's needs or problems, is a routine part of the NA's job.

None of these three tasks is performed by a majority of H-HHAs. However, 48.9% of the H-HHAs indicated that they routinely "Make Plans for Patient Care." A majority -- five of eight -- of home-care providers apparently agree; their mean response to frequency is 2.00.

A majority of home-care providers also expected their aides to "Identify Their Patient's Needs and or Problems, Task #250 (mean response, 2.75). To this task 27.7% of the H-HHAs responded as performing this task weekly or more frequently.

Evaluating Patient Care (Table VII-21)

Five of the tasks in this area involve the observation and interpretation skills of the performer. Six involve the performer's ability to make written records.

Two of the five observation/interpretation tasks were performed by majorities of each of the four job titles.

Task #252, "Interpret Patient's signs, Symptoms and Behavior," was performed routinely by majorities of the hospital-based personnel. This same task was performed routinely by 41.8% of the NAs in nursing homes. The .63 "W" value tends to indicate a similar distribution of response from nursing home to nursing home. The providers themselves would appear to agree that this task is routinely performed; with five of six responding, the providers' mean response to frequency was 3.33.

In the home-care setting, 27.7% of the aides indicated they routinely "Interpret Patient Signs, Symptoms, etc." The .66 "W" value would indicate that the distribution of response was fairly similar from provider to provider.

Table VII-20
Observing Patient's Condition
Identifying Patient's Needs

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	F	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Observing the patients condition																								
235 - Observe objective signs and symptoms of illness, disorder, body malfunctions, e.g., skin rashes, swelling, bleeding	88.4	3.92	.65	.00	4	3.80	78.4	3.47	.76	.00	5	4.60	74.5	3.26	.69	.00	6	4.83	63.8	2.72	.23	.20	8	4.00
236 - Observe patient's general physical condition, e.g., color of skin and mucous membrances, condition of skin, eyes	86.3	3.84	.65	.00	4	3.80	75.4	3.40	.63	.00	5	4.60	70.0	3.07	.73	.00	6	5.00	61.7	2.62	.32	.06	8	4.13
237 - Observe general emotional condition, e.g., facial expression, expression of eyes, posture, quality of voice, consciousness	84.2	3.79	.68	.00	4	3.80	71.3	3.18	.73	.00	5	4.60	70.0	3.06	.63	.00	6	5.00	63.8	2.55	.39	.02	7	3.13
238 - Observe positive physical and emotional responses to treatments, medications nursing care, e.g., decreased bleeding	80.0	3.60	.70	.00	4	3.80	65.5	2.87	.68	.00	4	3.00	47.3	2.05	.82	.00	5	4.00	36.2	1.38	.48	.00	7	3.13
239 - Observe general behavior, e.g., conversation; interactions with family, personnel, patients; eating habits; biting nails	75.8	3.47	.72	.00	4	4.00	64.3	2.87	.67	.00	5	5.00	64.5	2.84	.72	.00	6	5.00	66.0	2.66	.36	.03	8	3.50
240 - Observe negative physical and emotional responses to treatments, medications, nursing care, e.g., decreased communication	74.7	3.33	.71	.00	2	2.00	56.7	2.49	.74	.00	2	2.00	54.5	2.38	.75	.00	3	2.50	40.4	1.79	.25	.17	5	2.50
241 - Observe patient's general appearance, e.g., dress, condition of clothing, presence of absence of body odors, use of makeup	73.7	3.24	.67	.00	4	3.80	65.5	2.91	.53	.00	5	4.20	64.5	2.76	.69	.00	6	5.00	70.2	2.98	.38	.02	7	3.13
245 - Observing & reporting to supervisor or physician on patient's condition, reaction, reaction to drugs, treatments, IV's, significant incidents	78.9	3.47	.56	.00	3	3.00	61.4	2.63	.70	.00	4	3.40	50.9	2.30	.75	.00	5	3.83	51.1	2.13	.43	.01	7	3.25
Identify patient's needs																								
250 - Identify patient needs and/or problems, e.g., food, oxygen, affection, recognition	75.8	3.25	.80	.00	3	2.80	55.0	2.35	.68	.00	3	2.40	50.9	2.22	.63	.00	5	3.50	27.7	1.13	.66	.00	5	2.75
251 - Identify approaches and/or solutions for needs and/or problems, e.g., change patient's position, praise for efforts	73.7	3.08	.74	.00	3	2.40	55.0	2.30	.67	.00	2	2.00	50.0	2.25	.74	.00	5	3.83	29.8	1.34	.65	.00	3	1.75
242 - Make plan for patient care, e.g., identify problem or need, secure information about need or problem	63.2	2.80	.60	.00	3	3.00	53.2	2.31	.58	.00	2	1.60	46.4	1.97	.52	.00	5	3.83	48.9	1.94	.46	.00	5	2.00

Task #249, "Observing Nursing Care and Visiting Patients Regularly to Ensure Proper Nursing Care," was performed by 52.6% of the LPNs and 40% minorities of the two NA job titles. The .83 "W" value for each of these job titles indicates that the response was similar from provider to provider.

Task #248, "Evaluating the Quality of Care," was performed routinely by less than 20% of the three aide level job titles. Thirty percent of the LPNs indicated that they routinely performed this function. However, the .49 "W" value tends to suggest that the response from one or two hospitals may have affected the mean response for the LPN job title. Only one hospital provider responded to this task. Given this data it would appear that "Evaluating the Quality of Patient Care" is not core to LPNs either.

Of the six tasks involving record keeping, only two are core to all four job titles: Tasks #254, "Record Nursing Care," and #255, "Record Temperature, Pulse, Respiration and Blood Pressure." "Recording Nursing Care" is performed routinely by 86.3% of LPNs in hospitals, 33.3% of NAs in hospitals, 39.1% of NAs in nursing homes and 42.6% of the H-HHAs. The .60 "W" value, computed by comparing groups of NAs by hospital indicates a fairly high similarity in response distribution. Therefore, "Recording Nursing Care" ought to be considered core for NAs in hospitals. Since four out of six nursing home providers responded to tasks with a mean frequency of 2.50 and five out of eight home-care providers responded with a mean frequency of 2.13, "Recording Nursing Care" ought to be considered core for these job titles also.

Task #255 is performed routinely by majorities of the facility-based job titles and 31.9% of the H-HHAs. Half of the H-HHA employers responded to this task. Their unweighted mean response to frequency would be @ 3.76, indicating that they believed it to be a routine part of their aide's job.

Task #253, "Record Output-drainage, Urine, Bowel Movement," should be considered core for each of the facility-based job titles, since a majority of each responded that they performed it weekly or more frequently.

Implications for Curriculum: All tasks involving observing the patient's condition should be considered core and provided for in curricula for all four job titles, as should the three tasks concerned with identifying patient's needs.

With respect to evaluating patient-care, Tasks #243, #244, #254, #255 and #252 should be considered core for each of the four job titles. Tasks #249, #253, and #257 should be considered core for the facility-based job titles. Task #259 is core to all job titles with the exception of hospital-based NAs. "Recording Height and Weight" is core only to hospitals.

ORAL AND WRITTEN COMMUNICATION

The tasks in this sub-functional area focus on how the performer interacts with the patient, the patient's family and other personnel, both in obtaining the information necessary to the performance of a task and providing information to the person, patient, family or supervisor who should have it. The tasks in this area presuppose no technical skill.

Table VII-21
Evaluating Patient Care

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employee		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean	3-5	Mean	-W	F	#	Mean	3-5	Mean	W	F	#	Mean
243 - Identify strengths, weaknesses in patient care	72.6	3.11	.46	.01	2	2.00	84.9	2.76	.65	.00	1	1.00	65.5	2.80	.68	.00	5	3.83	59.6	2.43	.42	.01	3	1.25
244 - Seek guidance to understand and improve performance in patient care	72.6	2.99	.50	.00	4	4.00	64.9	2.81	.58	.00	5	4.40	57.3	2.46	.60	.00	5	4.67	63.8	2.62	.35	.04	8	3.50
248 - Evaluating quality of care	30.5	1.33	.49	.00	1	0.60	18.7	0.85	.57	.00	0	0.00	13.6	0.66	.54	.00	3	1.50	6.4	0.32	.73	.00	2	0.75
249 - Observing nursing care and visiting patients regularly to ensure proper nursing care	52.6	2.40	.83	.00	4	3.20	44.4	1.96	.83	.00	3	3.00	47.3	2.09	.83	.00	2	1.17	17.0	0.62	.77	.00	2	0.75
265 - Record height, weight	61.1	[illegible]	.30	.08	4	3.80	59.6	2.65	.38	.02	4	4.00	17.3	1.13	.52	.00	5	2.50	6.4	0.47	.64	.00	4	0.75
253 - Record output--drainage, urine, bowel movements	84.2	3.72	.63	.00	4	3.80	79.5	3.54	.80	.00	4	4.00	79.1	3.49	.78	.00	6	4.67	14.9	0.79	.67	.00	3	1.13
254 - Record nursing care	86.3	3.97	.63	.00	4	3.80	33.3	1.47	.60	.00	1	1.00	39.1	1.69	.41	.00	4	2.50	42.6	1.81	.30	.08	5	2.13
255 - Record temperature, pulse, respiration, blood pressure	90.5	4.05	.63	.00	3	3.00	76.0	3.42	.71	.00	2	2.00	50.9	2.23	.44	.01	4	3.00	31.9	1.51	.27	.13	4	1.88
257 - Record intake--oral liquids and solids, parenteral	82.1	3.66	.62	.00	4	4.00	65.5	2.92	.68	.00	3	3.00	35.5	1.76	.43	.01	4	2.83	10.6	1.62	.68	.00	3	1.13
259 - Record observations of behavior, responses to therapy and care	74.1	3.29	.66	.00	4	4.00	38.0	1.67	.48	.00	1	1.00	28.2	1.27	.65	.00	3	2.00	48.9	1.98	.27	.12	4	1.63
252 - Interpret patient's signs, symptoms, behavior, e.g., increase in jaundice, pacing of floor	76.8	3.37	.74	.00	2	1.40	51.5	2.14	.61	.00	0	0.00	41.8	1.89	.63	.00	5	3.33	27.7	1.04	.66	.00	3	1.25

Obtain and Record Information on Patient and Nursing Care (Table VII-22)

The 14 tasks in this section fall into three categories: writing reports of various kinds, obtaining information from written records or references, and attending unit reports or nursing care conferences through which information would disseminate.

Only one of the four tasks involving writing reports is performed routinely by more than 20% of each of the job titles. Task #276, "Write Reports on Patient's Condition," was performed routinely by 65.3% of the LPNs in hospitals, 21.1% of the NAs in hospitals, 21.8% of the aides in nursing homes and 42.6% of the H-HHAs. Despite the level of response by hospital-based NAs, this task can not be considered core. The low "W" value of .48 indicates that the response of aides from one or two hospitals might have affected the overall level of response. Also, none of the five facility providers responded to this task. Home-care provider response, however, indicates that "Writing Reports on the Patient's Condition" can be considered core to the other aide job title (H-HHA).

Of the four tasks which deal with obtaining information from written materials or reference books, none is core to each of the four job titles. Task #256, "Read and Obtain Information from Clients," is core to the facility-based job titles on the basis of the level of response from both employers and employees. Twenty-seven percent of the H-HHAs responded that they routinely performed this task. But the low .40 "W" value and the fact that only two employers responded to this task, suggest that the response of aides from one or two providers distorted the overall level of response.

Obtaining information through reference work or other written material does not appear to be within the normal routine of aide-level personnel.

"Attending Necessary Care Conferences" (Task #286) and "Unit Reports" (Task #268) appear to be part of the normal routine for facility-based personnel. Less than 15% of the H-HHAs see themselves performing either of these tasks routinely. The disparity between the level of hospital and nursing home personnel who routinely attended unit reports, suggests a difference in how these personnel perceive this item.

Communicating with Patient (Table VII-23)

Talking with and obtaining information from the patient can be considered tasks core to each of the four job titles. Giving information to patient is core to hospital-based personnel. Providers of care from nursing homes and home-care also see this task as routine part of their aides job, even though only 19.1% of their personnel performed this task routinely.

Communicating with Other Personnel (Table VII-23)

There are ten tasks in this section. Three of them relate to obtaining guidance from a superior, two to giving information, two to obtaining information from colleagues, and two to conversation with colleagues (perhaps casual). Task #292 deals with "Giving Change of Shift Report."

Table VII-22
Obtaining and Recording Information

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Obtain and record information on Patient and Nursing care:																								
285 - Write report on patient census	18.9	1.06	.47	.00	1	0.40	11.1	0.56	.52	.00	0	.00	10.9	0.56	.63	.00	3	1.33	4.3	0.28	.71	.00	1	0.13
276 - Write reports on patient's condition	65.3	2.92	.51	.00	2	2.00	21.1	1.01	.48	.00	0	.00	21.8	1.04	.50	.00	3	1.67	42.6	2.02	.21	.28	4	1.75
287 - Write reports on accidents, incidents	13.7	1.27	.56	.00	1	0.40	8.8	1.62	.78	.00	2	0.60	12.7	0.86	.46	.00	3	1.00	4.3	0.38	.66	.00	2	0.38
023 - Prepare accident and safety reports	20.0	1.53	.59	.00	1	1.00	16.4	1.04	.59	.00	2	0.40	18.2	1.10	.42	.01	5	1.83	10.6	0.60	.61	.00	2	0.25
256 Read and obtain information from charts	90.5	3.91	.81	.00	4	4.00	56.1	2.57	.54	.00	3	2.00	40.0	1.72	.35	.04	4	2.67	27.7	1.17	.40	.02	2	0.75
299 - Read and obtain information on patient's condition and care from reference books (nursing)	37.9	1.74	.40	.02	4	2.40	25.7	1.18	.46	.00	3	1.00	20.9	0.97	.53	.00	3	0.67	12.8	0.70	.44	.01	4	1.00
306 - Read and obtain information on patient from dietary manuals	20.0	1.15	.51	.00	4	2.60	15.2	0.80	.65	.00	2	1.80	9.1	0.48	.58	.00	2	0.50	12.8	0.55	.55	.00	4	1.13
291 - Checking off diet manual each shift	18.9	0.96	.57	.00	1	0.60	11.7	0.64	.59	.00	0	0.00	9.1	0.45	.59	.00	3	1.67	0.0	0.02	.93	.00	1	0.13
284 - Read and obtain information on patient's condition from procedure books	45.3	1.97	.37	.03	4	2.80	29.8	1.27	.49	.00	3	1.80	19.1	0.90	.57	.00	5	3.00	19.1	0.83	.68	.00	3	1.25
28[illegible] - Attend nursing care conferences	36.8	2.03	.44	.01	4	3.20	36.8	1.80	.22	.24	5	3.80	20.0	1.13	.57	.00	4	1.17	14.9	0.81	.22	.25	4	1.38
268 - Attend unit report	69.5	3.05	.59	.00	2	1.80	62.0	2.81	.79	.00	3	2.60	30.0	1.29	.69	.00	6	3.83	8.5	0.40	.53	.00	2	0.75
289 - Attend demonstrations of procedures and equipment	22.1	1.54	.61	.00	4	2.80	19.3	1.23	.56	.00	5	3.20	16.4	0.95	.56	.00	5	2.33	2.1	0.21	.73	.00	4	0.75
262 - Record tests, treatments, procedures	84.2	3.71	.62	.00	4	4.00	25.1	1.17	.49	.00	1	1.00	21.8	1.07	.61	.00	3	2.17	14.9	0.70	.55	.00	4	2.38
317 - Supervising preparation and maintenance of patient's clinical records	20.0	0.95	.57	.00	1	1.00	7.0	0.36	.66	.00	0	.00	7.3	0.32	.65	.00	2	0.50	0.0	0.64	.90	.00	1	0.13

Obtaining guidance from a superior is viewed by employers and employees alike to be a routine part of the jobs of each of these job titles. In responding to these tasks (#261, #272, and #273), majorities of each of the facility-based job titles responded to at least two out of three. The fact that a majority of hospital personnel responded that they talk with a team leader and a majority of nursing home NAs speak with a supervisor for guidance may or may not indicate the presence of the health team concept in hospitals.

Giving information to other personnel is apparently colored by the "health team" concept. Hospitals and their employees appear to be affected by mention of "health team." Approximately 20% fewer LPNs and aides responded to Task #282, "Give Information to Health Team," than to Task #270, "Give Information to Other Personnel."

Nursing home personnel were similarly affected; 29.1% responded that they routinely "Give Information to Other Personnel" (Task #270), while only 12.7% responded that they "Give Information to Health Team" (Task #282).

Home-care personnel and employers responded in the opposite manner, only 19.1% of H-HHAs responded that they routinely give information to other personnel, but 27.7% (and five out of eight providers) responded that H-HHAs routinely "Give Information to Health Team."

"Obtain Information" is also core to the four job titles. The distribution of response is again affected by the mention of health team. Task #264, "Obtain Information from Other Personnel," is performed routinely by majorities of the hospital personnel and 33.6% of the nursing home aides and 23.4% of the H-HHAs. The relatively high "W" values in each of the job titles tend to suggest that the distribution of response to this task was similar from provider to provider.

The health team concept also colored the response to task #263, "Talk with Other Personnel," and Task #280, "Talk with Health Team." Task #263 is performed routinely by majorities of the facility-based personnel and 31.9% of the H-HHAs. A majority of the providers in each patient-care setting responded to this task. The mean responses to frequency suggest that the providers see this as a routine part of their employees' jobs. The comparatively low response to Task #280 would again indicate that the health team concept is not universally recognized among the respondent employees of the participating providers of care.

Of the four job titles studied, only LPNs in hospitals and NAs in nursing homes were sufficiently involved in the performance of Task #292, "Give Change of Shift Report," to warrant inclusion in core curricula.

Communicating with Patient's Family (Table VII-24)

Three tasks make up this section: #266, "Talk with Family;" #278, "Give Information to Family," and #271, "Obtain Information from Family." Of the three tasks, only "Talk with Family" is core to each of the job titles based upon employer and employee response data. Sufficient minorities of each job title responded that they "Obtained Information from Family" weekly or more frequently. The response of the employers

Table VII-23
Communication with Patient and Other Personnel

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Communicating with the patient																								
258 - Talk with patient	91.6	4.26	.83	.00	4	4.00	88.3	4.11	.84	.00	5	5.00	85.5	3.95	.87	.00	6	5.00	89.4	3.94	.43	.01	6	3.38
260 - Obtain information from patient	73.7	3.14	.63	.00	4	4.00	63.7	2.71	.74	.00	5	4.40	40.4	1.75	.66	.00	4	3.00	46.8	1.96	.39	.02	6	3.00
267 - Give information to patient	54.7	2.36	.59	.00	4	3.80	39.8	1.68	.69	.00	3	3.00	19.1	0.88	.54	.00	4	2.33	19.1	0.89	.44	.01	6	3.35
Communicating with other personnel																								
263 - Talk with personnel	78.9	3.69	.74	.00	4	3.80	58.5	2.73	.76	.00	5	4.80	50.9	2.35	.66	.00	4	2.83	31.9	1.30	.42	.01	5	2.63
264 - Obtain information from personnel	62.1	2.87	.61	.00	3	2.80	50.9	2.28	.65	.00	4	3.80	33.6	1.50	.64	.00	4	2.50	23.1	0.87	.76	.00	3	1.50
270 - Give information to personnel	60.0	2.69	.45	.01	4	3.20	40.4	1.71	.73	.00	5	4.00	29.1	1.31	.58	.00	2	0.83	19.1	0.83	.63	.00	3	1.50
280 - Talk with health team (no judgment)	33.7	1.46	.67	.00	2	0.40	17.0	0.70	.60	.00	1	0.80	7.3	0.35	.63	.00	3	1.50	25.5	0.98	.46	.00	5	2.13
282 - Give information to health team	37.9	1.80	.50	.00	4	2.40	22.2	0.96	.59	.00	3	2.80	12.7	0.59	.64	.00	2	1.00	27.7	1.26	.38	.00	5	2.00
279 - Talk with health team to obtain information	47.4	1.97	.67	.00	4	2.40	25.7	1.12	.66	.00	3	2.80	7.3	0.43	.59	.00	3	1.83	34.0	1.49	.47	.00	7	2.88
292 - Giving change-of-shift report	31.6	1.51	.53	.00	0	0.00	14.0	0.68	.60	.00	0	.00	22.7	1.05	.55	.00	3	1.50	2.1	0.13	.90	.00	1	0.13
261 - Obtain guidance from head nurse	76.8	3.42	.49	.00	3	2.80	75.4	3.33	.69	.00	4	3.80	73.6	3.37	.78	.00	6	4.67	42.6	1.94	.22	.23	5	2.38
272 - Talk with team leader to obtain guidance	76.8	3.34	.55	.00	4	4.00	71.3	3.08	.61	.00	5	4.80	27.3	1.25	.78	.00	5	3.50	34.0	1.49	.33	.05	6	2.38
273 - Talk with supervisor to obtain guidance	41.1	2.06	.31	.08	2	1.60	44.4	1.99	.33	.05	3	2.20	52.7	2.30	.68	.00	5	3.00	42.6	2.15	.14	.54	8	3.38

appeared to corroborate that information, except in the case of nursing home NAs. "Giving of Information to Patient's Family" would appear to be beyond the purview of institutional-based aides, based on employer and employee response data. This same task is core to hospital-based LPNs and to H-HHAs.

Instruct Patient, Family and Other Personnel (Table VII-24)

The 17 tasks in this section involve teaching elements of nursing care to others, as indicated in any given situation. This area is marked by a very low level of response from each of the job titles. Less than 20% of NAs in nursing homes responded that they routinely performed any of these tasks.

Only three tasks are routinely performed by more than 20% of the NAs in hospitals. One of these, Task #277, "Each Patient (and/or others) General Hygiene" received no response from employers of NAs in hospitals.

Minorities of roughly 20% of H-HHAs responded to five tasks involving general hygiene, prevention of accidents, nutrition, skin care, and rehabilitation. The "W" values, over .55 for each task, suggest a fairly similar distribution of response from provider to provider.

Ten of these 17 tasks are performed routinely by 20-30% of the LPNs in hospitals; of these ten, seven have "W" values below .55, suggesting uneven distribution of response from provider to provider

The word "teach" perhaps carries too strong a connotation for the aide-level respondents. If teach connotes authority over those being taught and a high degree of knowledge, few aides would visualize themselves in this position.

Implications for Curriculum: From the response data, the report writing responsibility of these personnel is definitely limited to writing reports on the patient's condition. Although the task is core to nursing home NAs, this function appears to fall much more heavily on LPNs and H-HHAs. This suggests that their role here is much more prescribed, and that their responsibility for maintaining a record of nursing or patient-care is more evident.

Obtaining information from written material is limited to the facility-based job titles. The dramatic difference between the percent of aides who read patients' charts to obtain information and the percent of LPNs who do so, suggests a sharp difference in role perception. An explanation of that difference is beyond the scope of this report.

Sharp differences between the level of response on the part of hospital and nursing home personnel were noted in tasks involving attending unit reports and nursing care conferences. This may simply reflect the respective sizes of facilities; these tasks take on a more formal nature in a hospital and are therefore more easily identified by hospital personnel. In any case, a well-conceived curriculum would be incomplete if it did not internalize the importance of such activities.

It is interesting to observe (Table VII-23) the consistency with which response values for all job titles decrease from the general task, #258, "Talk with Patient" through the less general task, #260, "Obtain Information from Patient" to the specific #267, "Give Information to Patient." While "giving information" consistently received the lowest response values, it is nevertheless performed by sizable proportions of these personnel. Potentially serious consequences in this area suggest that special attention should be given to defining the parameters of the aide's or LPN's role. What kinds of information should be given only after consultation with the doctor or RN? What kinds only by these higher level personnel? What kinds not at all?

A similar need is suggested in the data on "Communicating with Patient's Family" (Table VII-24), Task #278, "Giving Information to Patient's Family."

With respect to other elements of this section, the recurrent theme is the correlation of response between tasks that include "health team" and those that do not. A comparison of the level of responses to the two indicates that the health team concept is not universally understood or accepted. Prior to including the concept in their program, training program developers may want to determine whether or not the concept has been implemented by the provider for whom they are training personnel.

The response data from "Instruct Patients, Family and Other Personnel" suggest that any "teaching function" is performed by the LPN in the hospital and the H-HHA. The data also shows that very few aides see themselves performing this function. Given the general public's present low level of knowledge about health, professionals are giving increased attention to "health education" as a means of preventing disease and illness in the first place. Such education should, of course, be encouraged wherever it takes place; undeniably, many people learn about sound health practices only upon becoming patients themselves. Since the personnel in the job titles under study here come in contact with patients more frequently than do professionals, perhaps it is time to consider an expanded role for them in an overall health education effort. The question to be answered is, for what kinds and what levels of health education can they serve as a channel.

Table VII-24
Communication with Family
Instruction of Patient, Family and Other Personnel

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Communicate with patients family																								
266 - Talk with family	63.2	2.61	.33	.06	4	4.00	48.0	2.12	.46	.00	5	4.20	42.7	1.85	.51	.00	4	2.17	55.3	2.09	.34	.00	8	4.13
278 - Give information to family	36.8	1.67	.57	.00	3	2.20	21.1	0.96	.53	.00	2	1.80	11.8	0.57	.59	.00	2	0.33	25.5	1.04	.70	.00	5	2.38
271 - Obtain information from family	56.8	2.42	.48	.00	4	3.80	43.3	1.86	.49	.00	5	4.00	26.4	1.30	.48	.00	3	1.00	34.0	1.34	.47	.00	5	2.50
Instruct patients, family and other personnel																								
295 - Teach patient, family, personnel physician's plan of care	23.2	1.16	.55	.00	0	0.00	4.7	0.35	.68	.00	0	0.00	7.3	0.36	.61	.00	3	1.00	6.4	0.30	.77	.00	1	0.13
293 - Teach patient, family, personnel in relation to objective of nursing care of current illness, convalescence	29.5	1.29	.58	.00	1	0.60	9.9	0.50	.59	.00	0	0.00	8.2	6.35	.59	.00	3	1.33	4.3	0.21	.80	.00	4	1.13
277 - Teach patient, family, personnel in relation to rehabilitation activities of daily living	40.0	1.92	.41	.01	2	1.20	24.6	1.05	.52	.00	0	0.00	14.5	0.66	.69	.00	2	1.00	36.2	1.32	.39	.00	6	2.00
305 - Teach patient, family, personnel in relation to physical examination	18.9	1.02	.58	.00	2	1.20	9.4	0.43	.59	.00	0	0.00	1.8	0.12	.81	.00	2	0.67	2.1	0.15	.80	.00	1	0.13
296 - Teach patient, family, personnel in the prevention of infection	26.3	1.39	.47	.00	2	1.40	14.6	0.71	.55	.00	1	0.40	6.4	0.34	.66	.00	3	1.33	14.9	0.60	.69	.00	3	1.13
297 - Teach patient, family, personnel in relation to body alignment	20.0	1.11	.45	.00	2	1.60	9.9	0.49	.57	.00	1	0.60	7.3	0.34	.61	.00	3	1.83	6.4	0.34	.74	.00	4	1.25
298 - Teach patient, family, personnel exercise ambulation	20.0	1.17	.49	.00	2	1.00	12.3	0.67	.54	.00	0	0.00	10.9	0.49	.56	.00	3	1.33	12.8	0.57	.55	.00	4	1.38
281 - Teach patient, family, personnel prevention of accidents	26.3	1.21	.58	.00	4	2.80	25.7	1.13	.61	.00	2	2.00	18.2	0.88	.64	.00	2	1.17	27.7	1.17	.58	.00	5	2.00
288 - Teach patient, family, personnel in relation to prevention of cancer	4.2	0.45	.79	.00	1	0.40	5.3	0.29	.64	.00	0	0.00	2.7	0.16	.75	.00	1	0.17	4.3	0.15	.86	.00	1	0.13
300 - Teach patient, family, personnel in nutrition	20.0	1.19	.52	.00	2	1.40	9.4	0.48	.63	.00	0	0.00	7.3	0.36	.63	.00	2	0.67	21.3	0.94	.71	.00	2	0.75
301 - Teach patient, family, personnel in care of equipment	21.1	1.12	.46	.01	3	2.20	13.5	0.71	.55	.00	2	1.20	5.5	0.30	.65	.00	4	1.83	12.8	0.55	.75	.00	3	0.75
302 - Teach patient, family, personnel in relation to treatments	31.6	1.49	.54	.00	2	1.20	16.4	0.77	.54	.00	1	0.20	6.4	0.35	.61	.00	3	1.17	17.0	0.68	.74	.00	2	0.50
303 - Teach patient, family, personnel in relation to medications	31.6	1.52	.44	.01	2	1.20	7.6	0.36	.59	.00	0	0.00	2.7	0.16	.71	.00	2	0.83	6.4	0.43	.73	.00	1	0.13
304 - Teach patient, family, personnel in relation to bowel and bladder training	20.0	1.08	.58	.00	2	1.20	11.7	6.60	.59	.00	0	0.00	10.9	0.55	.54	.00	3	1.17	8.5	0.62	.71	.00	2	0.38
294 - Teach patient, family, personnel in skin care	31.6	1.55	.48	.00	3	2.60	17.5	6.83	.57	.00	3	2.00	13.6	0.65	.50	.00	3	1.50	25.5	0.91	.58	.00	5	1.75
283 - Teach patient, family, personnel in relation to rehabilitation activities of daily living	29.5	1.31	.68	.00	4	2.40	19.9	6.87	.60	.00	1	1.00	7.3	0.41	.70	.00	3	1.67	29.8	1.13	.55	.00	6	2.63
269 - Orient patient, family to hospital, e.g., routines, regulations, physical facilities, personnel	64.2	2.73	.44	.00	4	3.80	45.0	1.96	.47	.00	4	3.80	15.5	0.77	.53	.00	2	1.00	0.0	0.13	.79	.00	2	0.75

FUNCTIONAL AREA VI -- ADMINISTRATIVE COORDINATION AND HOUSEKEEPING

This functional area is divided into four sub-areas:

- Administrative Duties
- Housekeeping Duties
- Nursing Assistance
- Housekeeping Functions

ADMINISTRATIVE DUTIES (Table VII-25)

There are nine tasks in this section. Three of them relate to handling medication, the rest defy categorization.

Of the three tasks which relate to medication, only Task #18, "Use Precaution in Administering and Handling Drugs, etc.," would appear to have applicability to any of the job titles. More than 20% of the LPNs responded that they routinely perform Task #321, "Counting Narcotics and Barbituates at Change of Each Shift," and Task #322, "Ordering Drugs from Pharmacy: Receiving and Putting Away Drugs." But "W" values for these tasks -- both well below .55 -- suggest that the response of LPNs from one or two hospitals unduly affected the overall response.

Task #18, "Use Precautions in Administering and Handling Drugs, etc.," is performed routinely by 78.9% of the LPNs in hospitals, 28.2% of the NAs in nursing homes, and 31.9% of the H-HHAs. In the nursing home setting, the "W" value for this task is .60, indicating fairly similar responses on the part of aides from provider to provider. The .49 "W" value for this task is .60, indicating fairly similar responses on the part of aides from provider to provider. The .49 "W" value in the home-care setting indicated that the response of aides from one or two providers might have unduly affected the overall response. Therefore, Task #18 is core only to LPNs in hospitals and NAs in nursing homes.

Of the six remaining tasks in this section, two could be considered core to facility-based personnel. Task #314, "Doing Departmental Errands ...," was performed routinely by more than 20% of each of the facility-based job titles. In this instance, a majority of employers of each of the job titles. In this instance, a majority of employers of each of the job titles see this task as routinely performed by their aides. Task #316, "Investigating and Adjusting Complaints," is also performed routinely by more than 20% of each of the facility-based job titles. While employers by and large responded negatively to this task, the "W" values of .58 and above tend to suggest some similarity in distribution of response on the part of LPNs from provider to provider

Implications for Curriculum: Three of these tasks #321, #322 and #018 deal with handling drugs. Two of these tasks were rather specific and one -- "Use Precautions in Administering and Handling Drugs" -- was general. The tremendously higher response for routine performance of the general task, assuming sound judgment on the part of the employee, as compared to the two specific tasks, would appear to indicate that a thorough orientation on the importance of using precautions when handling drugs would serve to meet the job requirements of the aides and at least entry-level LPNs.

"Doing Errands" is also identified as a core task for facility-based personnel. While it does not have any implication for curriculum, it should have implications for selection criteria to be used in recruiting personnel.

HOUSEKEEPING DUTIES (Table VII-26)

Ten of the twelve tasks in this section fit three categories. The two remaining tasks have no relationship with other tasks in this section.

Six tasks (#311, #312, #326, #327, #345, and #346) deal with taking care of supplies. Two of the six, #345, "Washing or Soaking Used Equipment ..." and #346, "Putting Away Supplies, Instruments and Equipment" are core to each of the facility-based job titles. Majorities of approximately 60% of the hospital personnel responded that they perform these tasks routinely. Minorities of approximately 30% of the nursing home NAs responded similarly. A majority of nursing home providers also responded to these tasks.

Tasks #342 and #344 deal with "Light Housekeeping" and "Straightening Up Patient's Immediate Furniture, etc." Both tasks are core to each of the four job titles. But "Straightening Up ..." receives a much higher level of response (@ 20%) from facility-based personnel than did "Light Housekeeping." Similarly 42.6% of the H-HHAs responded that they routinely perform "Light Housekeeping" while only 21.3% responded that they routinely "Straighten Up ...."

"Running Errands," Tasks #308 and #310, are core only to hospital-based personnel, as is Task #309 "Checking the Working Order of Equipment."

Task #343, "Plan, Purchase, Prepare Meals, Laundry, Care of Belongings," is solely within the purview of the H-HHAs, 48.9% responding that they perform it routinely.

NURSING ASSISTANCE (Table VII-27)

There are seven tasks in this section. Task #275, "Checking and Posting Orders in MD Order Books," is not within the purview of any of these job titles. Of the remaining six, only two are core to job titles other than LPN. "Assisting Pre- or Post-operative Care" (Task #299) is performed by majorities of LPNs and NAs in hospitals. Task #307, "Assist Team Members in Giving Nursing Care," is core to each of the four job titles.

These tasks reflect a facility or institutional orientation. None of these tasks are core to the H-HHA job title. Fewer than 20% of the H-HHAs

Table VII-25
Administrative Duties

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Administrative Duties																								
313 - Make recommendations for service or referral	12.6	0.71	.58	.00	1	0.40	10.5	0.51	.58	.00	0	0.00	2.7	0.16	.75	.00	4	1.33	4.3	0.19	.78	.00	2	0.63
246 - Recommending or arranging for consultation with medical specialists, social social service, psychiatry, etc.	31.6	1.57	.46	.00	1	0.60	19.9	0.93	.50	.00	0	0.00	11.8	0.57	.53	.00	2	1.00	10.6	0.51	.67	.00	3	1.00
247 - Assigning and coordinating nursing activities, including making out daily assignment sheet	26.3	1.21	.61	.00	0	0.00	16.4	0.75	.58	.00	0	0.00	17.3	0.77	.60	.00	2	0.33	14.9	0.62	.49	.00	1	0.13
290 - Stamping lab slips and requisition, making necessary arrangements for x-rays and lab work	52.6	2.41	.40	.02	2	1.20	38.6	1.71	.66	.00	2	0.60	9.1	0.47	.52	.00	3	1.33	4.3	0.17	.61	.00	2	0.38
314 - Doing departmental errands, going to orthopedic department, Central Supply, laundry, IBM or records office, or operating room to help bring back a patient	41.1	1.83	.39	.02	3	2.20	49.7	2.29	.39	.02	4	3.40	20.0	0.84	.45	.01	5	3.00	6.4	0.26	.74	.00	2	0.50
321 - Counting narcotics and barbituates at the change of each shift	27.4	1.24	.42	.01	2	2.00	1.8	0.15	.71	.00	0	0.00	5.5	0.26	.78	.00	2	0.33	6.4	0.26	.89	.00	1	0.13
322 - Ordering drugs from pharmacy: receiving and putting away drugs	29.5	1.39	.38	.02	1	0.80	4.1	0.23	.74	.00	0	0.00	5.5	0.24	.75	.00	2	0.33	6.4	0.32	.89	.00	1	0.25
018 - Use precautions in administering and handling drugs, etc.	78.9	3.75	.53	.00	4	4.00	12.3	0.66	.70	.00	0	0.00	28.2	1.35	.60	.00	2	1.00	31.9	1.53	.49	.00	2	0.88
316 - Investigating and adjusting complaints	37.9	1.65	.58	.00	0	0.00	22.2	1.02	.58	.00	0	0.00	20.0	0.87	.66	.00	3	0.83	4.3	0.17	.82	.00	1	0.13

Table VII-26
Housekeeping Duties

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Housekeeping duties																								
308 - Deliver specimens to laboratory	63.2	0.71	.10	.76	3	2.00	71.9	3.25	.39	.02	4	3.20	9.1	0.45	.58	.00	2	0.83	10.6	0.55	.46	.00	3	1.25
309 - Check working order of equipment	56.8	1.57	.37	.03	3	2.50	42.7	1.84	.64	.00	4	3.00	21.8	1.01	.44	.01	2	1.50	12.8	0.57	.52	.00	1	0.13
310 - Deliver requisitions, credits, charges to other departments	22.1	1.21	.61	.00	1	0.60	36.8	1.68	.52	.00	3	1.60	10.0	0.41	.73	.00	3	1.83	0.0	0.06	.80	.00	2	0.50
311 - Inventory emergency supplies, equipment, drugs	15.8	2.41	.64	.00	2	1.20	9.9	0.49	.59	.00	0	0.00	4.5	0.23	.66	.00	2	0.50	6.4	0.19	.83	.00	1	0.13
312 - Take inventory of unit linen	6.3	1.83	.79	.00	1	0.20	20.5	1.05	.56	.00	1	0.20	11.8	0.54	.70	.00	4	2.00	2.1	0.09	.84	.00	1	0.13
326 - Inventory of unit supplies of dressings, tape	17.9	1.24	.62	.00	0	0.00	11.1	0.46	.69	.00	0	0.00	11.8	0.51	.60	.00	2	0.50	2.1	0.09	.93	.00	1	0.13
327 - Inventory of unit disposable and non-disposable equipment	18.9	1.39	.55	.00	0	0.00	10.5	0.45	.60	.00	0	0.00	8.2	0.38	.66	.00	2	0.50	2.1	0.09	.84	.00	2	0.50
342 - Light housekeeping	31.6	3.75	.54	.00	1	1.00	40.4	1.84	.74	.00	1	1.00	28.2	1.22	.64	.00	2	1.00	42.6	1.85	.24	.19	7	2.50
343 - Plan, purchase, prepare meals, laundry, care of belongings	3.2	1.65	.76	.00	1	1.00	12.3	0.62	.62	.00	1	1.00	3.6	0.21	.69	.00	2	0.83	48.9	2.09	.30	.08	5	2.00
344 - Straightening up and cleaning: patient's immediate furniture, nurses' statior utility rooms, nourishment center and litters	52.6		.38	.02	2	2.00	65.5	2.88	.69	.00	2	2.00	45.5	2.00	.59	.00	4	2.50	21.3	0.94	.70	.00	4	1.38
345 - Washing or soaking used equipment and supplies, putting them on the cart to be returned to Central Supply	56.8		.58	.00	3	2.20	62.6	2.78	.60	.00	3	2.80	26.4	1.18	.50	.00	4	2.33	2.1	0.19	.90	.00	2	0.50
346 - Putting away supplies, instruments and equipment	60.0		.30	.08	2	0.60	62.0	2.68	.55	.00	2	1.60	33.6	1.45	.57	.00	5	2.17	16.6	0.47	.76	.00	5	1.63

and fewer than half the providers of home-care responded to these tasks. "Cleaning Equipment and Utensils" (Task #239) and "Cleaning Service Areas on Unit" (Task #330) are core to each of the facility-based job titles by reason of both provider and employee response.

"Admitting" (Task #318) and "Discharging" (Task #319) activities are core to hospital-based personnel. Twenty percent of the nursing home aides responded that they routinely perform tasks associated with admitting patients. Four out of six nursing home providers responded to this task. Their unweighted mean response to frequency was 2.75, indicating this task is performed almost weekly.

The more general task of "Obtain and Deliver Equipment and Supplies" (Task #331) was found to be core for each of the facility-based job titles. Assembling patient linen packs is performed routinely by 33.7% of the LPNs and 39.2% of the NAs in hospitals. The high "W" values of .63 and .79 respectively indicate a relatively similar distribution of response within job titles from provider to provider. The task, therefore, can be considered core to these two job titles.

Implication for Curriculum: Pre- and post-operative care is definitely a required element in a curriculum for hospital-based LPNs and NAs.

Despite the fact that the health team concept is less than universally understood or accepted, "Assist Team Members in Giving Nursing Care" (Task #307), received an extremely high level of response. This indicates that whether the team concept is formally recognized or not, assisting colleagues is a very basic element of nursing care.

HOUSEKEEPING FUNCTIONS

Eighteen tasks make up this sub-functional area. They are organized into two categories involving the patient's unit and general housekeeping duties.

Housekeeping Patient's Unit (Table VII-28)

The tasks in this area do not presuppose housekeeping as primary duties of LPN or aide level personnel. While Task #335, "Clean Patient's Unit Room" was found to be core to all four job titles, the response data from facility-based employers suggest that these duties are not a routine part of their employees' jobs. However, facility-based personnel and employers recognize their responsibility to ensure the cleanliness of the room (Task #315) and to "Distribute Supplies and Equipment to the Patient's Room" (Task #328).

Housekeeping, General (Table VII-29)

There are 11 tasks in this section. The topics they cover are cleaning (2), sterilizing (2), working with supplies (4), admitting/discharging activities (2) and giving general information to visitors and patients (1).

Table VII-27
Nursing Assistance

Task	LPN's in Hospital Employee 3-5	Mean	W	P	Employer #	Mean	Nurse Aide/Hospital Employee 3-5	Mean	W	P	Employer #	Mean	Nurse Aide/Nursing Home Employee 3-5	Mean	W	P	Employer #	Mean	Homemaker-Home Health Aide Employee 3-5	Mean	W	P	Employer #	Mean
Nursing Assistance																								
325 - Assisting physicians on rounds to patients	29.5	1.54	.63	.00	2	1.60	14.6	0.69	.63	.00	1	0.20	7.3	0.46	.81	.00	3	0.83	4.3	0.19	.81	.00	1	0.13
324 - Accompanying physicians on rounds to patients	23.2	1.23	.70	.00	2	1.40	13.5	0.54	.66	.00	1	0.20	8.2	0.53	.84	.00	2	0.50	0.0	0.06	.84	.00	1	0.13
274 - Record physician's orders	28.4	1.54	.68	.00	1	1.00	8.8	0.47	.65	.00	0	0.00	5.5	0.28	.69	.00	1	0.17	14.9	0.85	.69	.00	1	0.13
275 - Checking & posting orders in MD order books	17.9	0.96	.60	.00	1	1.00	9.4	0.44	.73	.00	0	0.00	2.7	0.16	.81	.00	1	0.17	2.1	0.13	.81	.00	1	0.13
229 - Assist in pre-and post-operative care	66.3	3.05	.50	.00	4	4.00	56.9	2.39	.65	.00	5	5.00	6.4	0.30	.84	.00	2	1.00	0.0	0.16	.84	.00	1	0.13
230 - Surgical prep	24.2	1.41	.61	.00	2	1.00	14.0	0.84	.82	.00	2	1.60	0.9	0.05	.84	.00	1	0.17	2.1	0.11	.84	.00	1	0.13
307 - Assist team members in giving nursing care	86.3	3.80	.80	.00	4	3.80	69.6	3.14	.76	.00	5	4.60	59.1	2.66	.46	.00	5	4.17	27.7	1.19	.46	.00	6	3.13

Table VII-28
Housekeeping Patient's Unit

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employer				Employee	
	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean	3-5	Mean	W	P	#	Mean
Housekeeping patients Unit																								
332 - Clean patient's unit furniture	31.6	1.45	.54	.00	1	1.00	35.7	1.72	.58	.00	1	1.00	32.7	1.42	.37	.03	2	0.83	17.0	0.89	.74	.00	3	1.00
335 - Clean patient's unit room	37.9	1.71	.56	.00	1	0.80	42.7	1.95	.64	.00	1	0.80	24.5	1.14	.58	.00	3	1.83	21.3	0.91	.76	.00	5	2.25
339 - Clean patient's unit bathroom	7.4	0.41	.77	.00	1	0.40	9.9	0.47	.61	.00	1	0.40	18.2	0.84	.55	.00	0	0.00	27.7	1.15	.68	.00	5	2.13
341 - Care of sickroom equipment	29.5	1.27	.64	.00	2	2.00	22.8	1.02	.74	.00	2	2.00	12.7	0.68	.58	.00	4	2.50	31.9	1.32	.45	.00	4	1.88
334 - Care for flowers, e.g., arrange and distribute	17.9	0.87	.73	.00	2	1.80	32.2	1.51	.57	.00	3	2.40	15.5	0.75	.52	.00	6	3.33	14.9	0.62	.79	00	3	0.38
328 - Distribute supplies and equipment to patient's room, e.g., linen, thermometers, dressings, footboards	52.6	2.34	.55	.00	3	2.40	53.8	2.40	.59	.00	4	3.60	40.0	1.78	.56	.00	5	3.33	8.5	0.34	.84	.00	2	0.75
315 - Regularly inspecting rooms and wards for cleanliness and comfort	53.7	2.39	.60	.00	3	2.80	52.6	2.37	.80	.00	3	2.60	34.5	1.53	.68	.00	5	3.73	8.5	0.47	.74	.00	1	0.13

Implications for Curriculum: A disparity of approximately 20% was observed between the response to specific tasks, i.e., "Clean Patient's Unit Room" (Task #335) and "Regularly Inspecting Rooms and Wards for Cleanliness and Comfort" (Task #315).

Fewer providers also responded to the more specific tasks. This illustrates and documents an agreement on the part of nursing personnel and providers that the nursing personnel are not primarily responsible for performing the actual cleaning activities, but are responsible to ensure the cleanliness of the patient's surroundings. In carrying out this responsibility, nursing personnel in many instances may choose to give immediate attention to small cleaning activities rather than wait for the facilities' housekeeping force.

While these cleaning activities are not normal nursing functions, no nursing curriculum could afford not to cover material which would allow nursing personnel to perform cleaning tasks competently.

Table VII-29
General Housekeeping

Task	LPN's in Hospital						Nurse Aide/Hospital						Nurse Aide/Nursing Home						Homemaker-Home Health Aide					
	Employee				Employer		Employee				Employer		Employee				Employer		Employee				Employer	
	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean	3-5	Mean	W	F	#	Mean
Housekeeping General																								
329 - Clean equipment and utensils, glassware, e.g., suction machine, wash basins, water glasses, pitchers	52.6	2.32	.51	.00	3	2.40	55.6	2.44	.49	.00	3	2.60	52.7	2.17	.57	.00	5	3.00	17.0	0.66	.85	.00	3	1.25
330 - Clean service areas on unit, e.g., service room, treatment room, utility room, kitchen	54.7	2.33	.53	.00	2	2.00	66.7	2.08	.84	.00	3	2.40	45.5	1.93	.57	.00	5	3.33	10.6	0.55	.77	.00	3	1.38
337 - Sterilize equipment and supplies in autoclave, e.g., surgical instruments, linen packs	6.3	0.37	.73	.00	0	0.00	9.9	0.49	.62	.00	2	2.00	4.5	0.26	.63	.00	1	0.17	0.0	0.09	.86	.00	1	0.13
338 - Sterilize equipment by boiling water or placing in solutions, e.g., surgical instruments	8.4	0.47	.72	.00	0	0.00	11.7	0.51	.65	.00	1	1.00	3.6	0.20	.66	.00	1	0.17	4.3	0.26	.63	.00	1	0.25
336 - Assemble patient linen packs	33.7	1.47	.63	.00	1	1.00	39.2	1.68	.79	.00	2	1.80	7.3	0.35	.75	.00	2	1.33	4.3	0.13	.89	.00	2	0.63
340 - Assemble surgical or obstetrical packs, e.g., linen packs, instrument packs	11.6	0.66	.61	.00	0	0.00	12.3	0.54	.64	.00	2	2.00	1.8	0.10	.78	.00	1	0.17	4.3	0.15	.84	.00	1	0.13
331 - Obtain and deliver supplies and equipment, e.g., sheepskins, hot water bottles, suction machines, utensils	44.2	1.88	.62	.00	2	2.00	49.7	2.20	.70	.00	3	2.80	23.6	1.05	.52	.00	4	1.67	6.4	0.28	.81	.00	2	0.88
333 - Stock equipment and supplies, e.g., utensils, paper goods, linen, disposable materials	29.5	1.26	.50	.00	1	1.00	32.2	1.46	.65	.00	1	1.00	12.7	0.53	.61	.00		0.67	4.3	0.30	.81	.00	3	0.63
318 - Admitting patient: completing clothes list or valuables list, getting patient settled in bed, notifying intern	71.6	3.05	.42	.01	4	3.40	60.2	2.64	.57	.00	4	3.80	20.9	1.13	.38	.03	4	1.83	6.4	0.32	.80	.00	1	0.13
319 - Discharging patient: returning clothes and valuables, accompanying patient from floor	62.1	2.54	.27	.13	3	2.40	55.0	2.46	.39	.02	5	4.60	15.5	0.78	.56	.00	2	0.67	4.3	0.21	.90	.00	1	0.13
320 - Giving information or directions to patients or visitors, or directing them to the correct source of information	70.5	3.01	.41	.01	4	3.80	64.9	2.80	.70	.00	5	4.60	41.8	1.77	.65	.00	4	2.17	8.5	0.38	.80	.00	2	0.50
58 - Peddle casts	12.6	6.84	.71	.00	2	0.80	7.6	0.50	.65	.00	1	6.00	2.7	0.25	.72	.00	2	0.83	4.3	0.23	.86	.00	1	6.53
59 - Protection of casts when patient is incontinent and/or using bedpan	32.6	1.85	.36	.03	4	3.20	40.4	2.4	.31	.67	5	3.80	27.[illegible]	1.40	.73	.00	5	1.50	21.3	1.02	.71	.00	5	1.00
149 - Perenneal care	43.2	2.67	.42	.01	4	3.80	33.9	1.64	.65	.60	4	3.80	19.1	0.85	.58	.00	3	2.33	21.3	0.98	.63	.00	3	6.88
323 - Teaching supervisory duties	7.4	6.34	.71	.00	6	0.00	1.2	0.11	.73	.00	0	0.00	0.9	0.06	.81	.00	1	0.17	2.1	0.06	.93	.00	1	0.13
146 - Soaks and simple dressing changes	7.4	3.29	.45	.01	4	3.60	42.1	1.99	.31	.07	3	2.20	60.0	2.54	.53	.00	5	2.83	31.9	1.36	.26	.16	7	2.13
157 - General cast care	76.8	1.23	.73	.00	4	3.40	14.0	0.74	.60	.00	4	3.40	6.4	0.29	.69	.00	5	2.17	4.3	6.21	.78	.00	3	0.50
158 - Post mortem care	20.0	1.56	.61	.00	4	2.80	18.77	1.46	[illegible]	.00	5	3.60	5.5	0.68	.72	.00	5	2.17	0.0	6.11	.82	.00	1	0.13

VIII. CORE CURRICULUM

The core curriculum in this chapter is based on the analysis of the survey data.

Core Module I represents a curriculum that is core to each of the four job titles under study. In some of these units a special aspect of the subject matter which has particular application to one or more, but not all four, job titles has been made the subject of a "Special Module."

The remaining Core Modules are organized according to the job titles to which they apply.

The initial module of this curriculum covers those subject matter areas which H-HHAs have in common with LPNs and NAs. In regard to H-HHAs, the focus of this study is on their position in the spectrum of nursing occupations vis-a-vis LPNs and NAs. Homemaking skills were not included in this study since they would not be included in a core curriculum for the other occupations. There are, of course, subject areas which are applicable only to home health care. A training program for H-HHAs would be remiss if it did not cover areas which would allow the H-HHA to function effectively in the home, such as:

- Household safety
- Laundering
- Sanitation in the home
- Family budgeting
- Child care.

The Manpower Administration of The Department of Labor has sponsored a number of studies on household workers and household employment. These studies are rich in material which can apply to these facets of the H-HHAs job.

Another point that should be kept in mind as this curriculum is being reviewed, is that this curriculum is based solely on the survey data which reflects what LPNs, NAs, and H-HHAs do in the patient-care setting in which they work. The curriculum, therefore, is partially a function of the kinds of disabilities, diseases, and maladies being cared for in particular patient-care settings. For instance, the "Application of Heat and Cold" is a unit deemed applicable only to LPNs and NAs in hospitals. This does mean that this unit is beyond the competency of HHHAs or nursing home NAs. It simply means that in the home care and nursing home patient-care setting, the tasks in that unit were not performed with a degree of frequency which warranted including it in a curriculum for HHHAs and nursing home NAs.

Suggested minimum hours for curriculum units are conspicuous by their absence. Such minimum hours are hardly a guarantee that trainees learn the subject matter.

More and more attention is being paid to the concept of proficiency testing as a means of ensuring that the trainee has learned the material. Given the educational level-experience of aide trainees, pencil and paper testing would provide less than optimum reliability, and should be avoided whenever possible. A "work sample" approach will provide the trainer/employer with the most reliable method of determining the ability of the trainee/employee to competently perform the learned skills.

CORE MODULE I
INSTRUCTIONAL UNITS APPLICABLE TO LPNs IN HOSPITALS, NURSE AIDES IN HOSPITALS, NURSE AIDES IN NURSING HOMES AND HOMEMAKER-HOME HEALTH AIDES

- Orientation
- Handwashing
- Making the Bed
- Cleanliness of Patient's Surroundings
- Elements of Asepsis
- Human Interaction
- Dressing and Undressing the Patient
- General Grooming
- Normal Mouth Feeding
- Elimination
- Collecting and Testing Urine Specimens
- Vital Signs
- Charting
- Oral Communication
- Assist Patient in Movement
- Decubiti Care
- Observing Patient's Condition
- Transport Patient in Wheel Chair
- Evaluate Patient Care
- Bandages
- Health Education

ORIENTATION

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Discussion:

Orientation units should cover the following areas.

- Nursing as a service occupation and the attitudes trainees are expected to bring to nursing.
- The types of patient-care setting, with emphasis on the patient-care setting in which trainees will work.
- The job title for which they are being trained, the parameters of their role, and the relationships of that job title with other health care occupations.
- The concept(s) of nursing, (i.e., "self care") around which the training program is built.

Note: Nursing literature is replete with material on conceptual frame works for nursing curricula. Although much of it applies to the baccalaureate level, it is, if scaled down, applicable to aide level training. A recent work by the Nursing Development Conference Group, Concept Formulization in Nursing Process and Product, suggested three themes for nursing curricula:

- Nursing as a helping process.
- Nursing as the promotion of high level health for the individual, the family and the community.
- Nursing as therapeutic self-care (see also Dorothea E. Orem, Nursing: Concepts of Practice).

These three themes are particularly applicable to the Homemaker-Home Health Aide in her role of helping patients maintain themselves at home.

HANDWASHING

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Task Included:

#016 -- Wash Hands

Performance Objective:

The trainee will understand the importance of washing hands as a means of keeping bacterial contamination from spreading.

The trainee will be able to wash hands without contaminating them in the process.

MAKING THE BED (HOSPITAL)

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#14 -- Adjust Side Rails
#15 -- Adjust Height of Bed
Adjust Bed to Various Positions
#37 -- Make Patient's Bed, Occupied
#38 -- Make Patient's Bed, Unoccupied

Performance Objective:

Upon completion of this unit, the trainee will be able to make a hospital bed in accordance with prescribed procedures. If the bed is occupied, she will be able to make the bed obtaining, where appropriate, the physical cooperation of the patient in moving from one side of the bed to the other.

She will be able to adjust the height and side rails of the bed; and, using mechanical or electrical beds, adjust the bed to the various positions.

Special Module:

Applicability:

- LPNs in Hospitals
- NAs in Hospitals

Task Included:

#045 -- Making Patient's Anestetic, Recovery Bed

Comment:

Programs for H-HHAs should devote some attention to acquainint H-HHAs with ways and means to improvise the various bed positions (i.e., Fawlers) with beds and materials commonly found in the home.

CLEANLINESS OF PATIENT'S SURROUNDINGS

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#335 -- Clean Patient's Unit Room
#342 -- Light Housekeeping
#344 -- Straighten Up and Clean Patient's Immediate Furniture, Nurses' Station, Utility Rooms, Nourishment Center and Litters

Discussion:

Each of the job titles has a responsibility to see that the cleanliness and comfort of the patient's surroundings is maintained. In most facilities, the prime responsibility for cleanliness is that of a housekeeping force. In the home, the HHHA may occasionally shoulder more of a burden for performing the tasks, but the primary responsibility for cleanliness and comfort of the patient's surroundings remains with the patient's family.

The material in this unit should cover those skills required to allow these personnel to carry out these responsibilities competently.

Performance Objective:

The trainee will understand the importance of keeping the patient's surroundings clean.

ELEMENTS OF ASEPSIS

Applicability:

- LPNs in Hospitals
- Other personnel at the discretion of the training program direction

Tasks Included:

#028 -- Open Sterile Packages and Packs
#029 -- Pour Sterile Solutions
#030 -- Handle Sterile Equipment
#031 -- Apply Sterile Dressings and Bandages
#032 -- Apply Sterile Gloves
#033 -- Do Sterile Scrub
#034 -- Apply Sterile Gown

Performance Objective:

The trainee will understand the importance of performing procedures in a clean sterile aseptic manner.

Discussion:

More than 20% of the LPNs in hospitals responded that they performed these tasks routinely. The response data from four responding hospital providers corroborated this information.

More than 20% of the NAs in hospitals also responded that they performed these tasks routinely. But the five responding providers did not respond to these tasks, indicating that these tasks were not within the purview of their aides. "W" values, below .55 for these tasks, suggested that the overall response may have been affected by the response of groups of aides from one or two providers.

For NAs in nursing homes, only tasks #29, #31, and #32 were found to be core.

From the response data, it would appear that to some extent all four job titles are involved in asepsis. Therefore, it would appear that the concept of asepsis should be dealt with early in a training program, and repeated/reinforced in later units of a curriculum.

HUMAN INTERACTION

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#242 -- Make Plan for Patient Care, e.g., Identify problem or Need, Secure Information about Need or Problem

#250 -- Identify Patient Needs and/or Problems, e.g., Food, Oxygen, Affection, Recognition
#251 -- Identify Approaches and/or Solutions for Needs and/or Problems, e.g., Change Patient's Position, Praise for Efforts

Performance Objective:

The trainee will understand and demonstrate a knowledge of the service role of nursing personnel in comforting and caring for the patient in a manner that respects and sustains the human dignity of the patient.

DRESSING AND UNDRESSING THE PATIENT

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#035 -- Change Soiled Linens and Clothes
#036 -- Assist Patient with Dressing and Undressing

Performance Objective:

The trainee will be able to dress and undress patients and change soiled linens, using precautions appropriate to the patient's condition.

Comment:

This task area was one of a few task areas which drew a consistent high level of response from both employers and employees with respect to frequency and importance of performance.

GENERAL GROOMING

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#039 -- Give or Assist Patient with Oral Hygiene
#040 -- Give or Assist Patient to Take Bath

#042 -- Comb Patient's Hair
#050 -- Care for or Assist Patient to Care for Toenails and Fingernails
#053 -- Assist with and/or Shave Male Patients

Performance Objective:

The trainee will be able to meet the patient's grooming needs through the safe and effective performance of the following grooming tasks.

Comment:

Assisting patient with shampoo was performed weekly or more frequently by less than 20% of the hospital personnel (LPNs and Aides). The response from the providers tends to corroborate this.

ACTIVITIES INVOLVING NORMAL MOUTH FEEDING

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#079 -- Position Patient for Meals
#080 -- Prepare and Give Between-meal Nourishment of Liquids, e.g., Water, Juice, Coffee
#081 -- Prepare Food so Patient May Assist Self
#082 -- Observe, Measure, and Record Food and Fluid Intake
#083 -- Collect Food Trays
#084 -- Serve Food Trays
#085 -- Prepare and Give Solid Foods, e.g., Pudding, Crackers, Toast
#086 -- Feed Adult Patient
#087 -- Ask Patient about Cultural, Religious, Personal Preferences for Food
#095 -- Observe, Measure, and Record Food and Fluid Intake

Performance Objective:

The trainee will be able to serve the food trays. If necessary, the trainee will be able to prepare the food (cut meat) so that the patient may assist himself and position the patient for meals. The trainee will be able to accurately observe, measure and record the patient's intake of food and fluids.

Special Module:

Applicability:

- Homemaker-Home Health Aides

Tasks Included:

#088 -- Assist Infant Patient to Eat
#094 -- Meal Preparation -- Special Diets

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Task Included:

#096 -- Observe and Measure Intake, Including IV Intake

Comment:

Based upon review of the means of provider responses to the importance of a task, the following task areas should receive priority attention.

- Observe, measure and record intake
- Prepare food so patient may assist self
- Feed adult patient
- Position patient for meals

ELIMINATION

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#102 -- Assist Patient in Using Bedpan
#103 -- Assist Patient in Going to Bathroom
#105 -- Assist Patient in Using Urinal
#106 -- Assist Patient in Using Bedside Commode
#107 -- Elimination Observation

Performance Objective:

Appropriate to the patient's condition, trainee will be able to assist patient in urine and bowel elimination. The trainee will also be able to observe the patient's output, noticing conditions which should be reported.

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Task Included:

#104 -- Observe, Measure and Record Output

Performance Objective:

Trainee will be able to accurately observe, measure and record patient's output of urine and bowel elimination.

Special Module:

Applicability:

- LPNs in Hospitals

Task Included:

#145 -- Non-medical Suppository

Special Module:

Applicability:

- Nurse Aides in Nursing Homes

Task Included:

#109 -- Remove Fecal Impactions

COLLECTING AND TESTING URINE SPECIMENS

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#212 -- Collect Urine Specimen
#215 -- Test Urine for Sugar and Acetone
#227 -- Clinitest
#228 -- Acitest

Performance Objective:

The trainee will be able to collect urine specimens and perform the various tests for acetone and sugar.

VITAL SIGNS

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#209 -- Count Respirations
#210 -- Count Pulse at Pressure Points (radial)
#211 -- Take Oral Temperature
#214 -- Take Rectal Temperature

Performance Objective:

Trainee will be able to accurately take and record these vital signs.

Special Module:

Applicability:

- LPNs in Hospitals

Task Included:

#231 -- Count Pulse: Apical

Comment:

Sixty percent of the hospital-based LPNs responded that they performed this task with a frequency of weekly or better. A third of the NAs in hospitals responded similarly, but none of the four responding hospitals' providers responded to this task. The low "W" value of .35 suggests that the overall response to this task may have been appreciably affected by the response of groups of aides from one or two hospitals.

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

Task Included:

#219 -- Take Temperature: Axillary

Comment:

More than 20% of LPNs and NAs in hospitals perceived themselves as performing this task on a routine basis. Therefore, curricula for these job titles should include material on this subject.

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Task Included:

#226 -- Blood Pressure

CHARTING

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Making entries to written records is part of the job of every nursing occupation. The principles used in meeting these entries are the same. The subject matter for which they are responsible may be different from patient-care setting to patient-care setting.

Tasks Included:

#254 -- Record Nursing Care
#255 -- Record Temperature, Pulse, Respiration, Blood Pressure

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#253 -- Record Output -- Drainage, Urine, Bowel Movements
#257 -- Record Intake -- Oral Liquids and Solids, Parenteral
#262 -- Record Tests, Treatments, Procedures

Performance Objectives:

Trainees will understand and follow proper charting procedures to accurately record the patient's vital signs, patient's care, and patient's reaction to care given.

Comment:

Less than 20% of the H-HHAs responded, but they routinely record intake and output. This corroborates earlier responses by H-HHAs that they observe elimination, but do not record on a frequent basis.

ORAL COMMUNICATION WITH PATIENT, PATIENT"S FAMILY, CO-WORKERS AND SUPERVISOR

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Description:

Communication is an essential part of the nursing occupation. The individual LPN, NA or H-HHA is only one of a whole spectrum of people who interacts with the patient in the patient's progress.

Effective communication is an essential element in providing an optimum environment for effective patient care.

It is imperative that trainees understand the importance of effective communication between all the parties involved in patient care, including the patient's family and the patient himself.

Oral communication is organized into three categories:

- Casual Conversation
- Obtaining Information
- Giving Information

These three categories are then subdivided according to whom the performer is communicating with: patient, family, co-worker or supervisor.

Casual Conversation with Patient, Patient's Family, Co-workers, and Supervisor

(Note: Included in casual conversation with patient should be material on telling the patient what the performer is about to do, so that the patient understands and can cooperate.)

Obtaining Information from Patient, Patient's Family, Co-workers, and Supervisor

(Note: Included in this section should be references to obtaining such information from co-workers and such guidance from supervisors as to make the performance of the task safe and effective.)

Giving Information to Patient, Patient's Family, Co-workers, and Supervisor

The response data from the survey suggests that giving information is the most serious of the three areas of oral communication. Therefore, for each of these job titles, the parameters of her role in giving information to the patient, the patient's family, co-workers and supervisors ought to be explicitly laid out.

Performance Objective:

The trainee will demonstrate knowledge of the communication relationships and responsibilities of the job title. In particular, the trainee will demonstrate knowledge of the responsibility to maintain the confidentiality of information.

Comment:

The response data from employers shows a relatively high degree of importance placed on this area by them. All of the means of providing responses to the importance of these tasks (with one exception), indicated that those who responded believed these to be important tasks.

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#268 -- Attend Unit Report
#286 -- Attend Nursing Care Conferences

Description:

The unit report and nursing care conference are additional channels of oral communication that are available to facility-based nursing personnel.

ASSISTING THE PATIENT IN MOVEMENT

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#060 -- Assist Patient to Get In and Out of Bed
#061 -- Turn Patient
#062 -- Assist Patient to Transfer from Bed to Chair
#063 -- Assist Patient in Walking
#064 -- Place Patient in Correct Body Alignment
#066 -- Assist Patient to Dangle
#075 -- Exercise and Range of Motion -- Assisting Patients with Walkers, Wheelchairs, Crutches and Braces
#110 -- Assist Patient to Turn, Cough, Deep Breathe

Comment:

A review of the means of providers' responses to the importance of each task, indicate that these task areas are equally important.

Performance Objective:

The trainee will be able to safely assist the patient in movement appropriate to the patient's condition.

Special Module:

Applicability:

- LPNs in Hospitals
- Homemaker-Home Health Aides

Task Included:

#078 -- Passive Range of Motion

(Note: A majority of hospital and nursing home providers responded that they believe their aides perform this task weekly or more frequently. Less than 20% of their aides responded in a similar fashion. Curriculum developers and training program directors should include or omit this material at their discretion.)

DECUBITI CARE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker Home Health Aides

Tasks Included:

#027 -- Heel Coverlets
#043 -- Use of Sheepskins, Lambswool Pads
#046 -- Give General Skin Care to Patients with Decubitus Ulcers
#051 -- Use Air Rings, Doughnuts
#052 -- Use Overbed Cradles
#055 -- Alternate Pressure Matresses
#155 -- Decubitus Care

Performance Objectives:

The trainee will understand the effect on skin of long periods of immobilization.

The trainee will be able to perform tasks associated with the prevention and care of decubitus ulcers.

The trainee will be able to use safely the equipment mentioned above in care and prevention of decubitus ulcers.

OBSERVING THE PATIENT'S CONDITION

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Discussion:

In every patient-care setting it is the aide who comes into contact with the patient most frequently. Therefore, it would be wise to make use of her frequent proximity to the patient, by having her communicate in reports, what she observes. This observational function would be limited by her ability to understand what she sees.

At the very least, aides ought to be able to identify signs and symptoms that are unusual or unexpected in an individual patient.

Tasks Included:

#235 -- Observe Objective Signs and Symptoms of Illness, Disorder, Body Malfunctions, e.g., Skin Rashes, Swelling, Bleeding, etc.
#236 -- Observe Patient's General Physical Condition, e.g., Color of Skin and Mucous Membranes, Condition of Skin, Eyes
#237 -- Observe General Emotional Condition, e.g., Facial Expression, Expression of Eyes, Posture, Quality of Voice, Consciousness
#238 -- Observe Positive Physical and Emotional Responses to Treatments, Medications, Nursing Care, e.g., Decreased Bleeding
#239 -- Observe General Behavior, e.g., Conversation; Interactions with Family, Personnel, Patients; Eating Habits; Biting Nails
#240 -- Observe Negative Physical and Emotional Responses to Treatments, e.g., Decreased Communication
#241 -- Observe Patient's General Appearance, e.g., Dress, Condition of Clothing, Presence or Absence of Body Odors, Use of Makeup
#245 -- Observe and Report to Supervisor or Physician on Patient's Condition, Reaction to Drugs, Treatments, IV's Significant Incidents
#252 -- Interpret Patient's Signs, Symptoms, Behavior, e.g., Increase in Jaundice, Pacing of Floor

Performance Objective:

The trainee should understand that she has a responsibility to be aware of the patient's well being and to report anything about the patient - his behavior, his reaction to treatment, his physical signs - that might give cause for concern.

TRANSPORTING THE PATIENT IN A WHEEL CHAIR

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Performance Objective:

Upon completion of this unit, the trainee will demonstrate ability to assist the patient to use (or in the use of) a wheel chair in a safe and effective manner.

Comment:

Response data showed that considerably less than 20% of the personnel in each job title use mechanical devices such as Hoyer lifts, circle beds, and Stryker frames to move patients.

Special Module:

Applicability:

- LPNs in Hospitals
- Nurse Aides in Nursing Homes

Task Included:

#067-- Transporting a Patient on a Stretcher
#076-- Lifting the Patient on and off the Stretcher

Special Module:

Applicability:

- Nurse Aides in Nursing Homes

Task Included:

#069-- Application and Removal of Braces

Comment:

Providers of care see this as a routine task for their aide personnel.

EVALUATION OF PATIENT CARE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Discussion:

At the aide level this basically focuses on the aide's ability to monitor her own strengths and weaknesses in providing patient care and to seek guidance to improve performance.

Tasks Included:

#243 -- Identify Strengths and Weaknesses in Patient Care
#244 -- Seek Guidance to Understand and Improve Performance in Patient Care.

Performance Objective:

The trainee will demonstrate an understanding of her responsibility to continually evaluate her performance in patient care, and her responsibility to seek guidance and information to improve on perceived weaknesses.

BANDAGES: APPLICATION AND ASSISTANCE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes
- Homemaker-Home Health Aides

Tasks Included:

#131 -- Assist With and/or Apply Ace Bandages and Elastic Stockings
#132 -- Assist With and/or Apply Non-sterile Dressing T, Straight, Scultetus, Breast, and Triangular (sling) Binders

#133 -- Assist With and/or Apply Non-sterile Dressing Roller Bandages

Performance Objective:

The trainee will be able to apply the bandage indicated as appropriate by the supervisor.

HEALTH EDUCATION

Applicability:

- LPNs in Hospitals
- Homemaker-Home Health Aides

Tasks Included:

#269 -- Orient Patient and Family to Hospital Routines, Regulations, Physical Facilities, and Personnel
#277*-- Teach Patient, Family, and Personnel General Hygiene for Prevention of Illness and Promotion of Health
#281*-- Teach Patient, Family, and Personnel Prevention of Accidents
#283*-- Teach Patient, Family, and Personnel Rehabilitation Activities of Daily Living
#293 -- Teach Patient, Family, and Personnel the Objective of Nursing Care of Current Illness and Convalescence
#294*-- Teach Patient, Family, and Personnel the Methods of Skin Care
#295 -- Teach Patient, Family, and Personnel the Physician's Plan of Care
#296 -- Teach Patient, Family, and Personnel the Prevention of Infection
#297 -- Teach Patient, Family, and Personnel in Regard to Body Alignment
#300*-- Teach Patient, Family, and Personnel Good Nutrition
#301 -- Teach Patient, Family, and Personnel Care of Equipment
#302 -- Teach Patient, Family, and Personnel in Regard to Treatments
#304 -- Teach Patient, Family, and Personnel in Regard to Bowel and Bladder Training

*Tasks performed routinely by more than 20% of the H-HHAs

Comment:

The word "teach" perhaps carries too strong a connotation for the aide-level respondents. If "teach" connotes authority over those being taught and a high degree of knowledge, few aides would visualize themselves in this position.

Discussion:

The response data from "Instruct Patients, Family and Other Personnel" suggest that any "teaching function" is performed by the LPN in the hospital and by the H-HHA. The data also shows that very few aides see themselves performing this function. Due to the low level of knowledge about health prevalent in the population today, health care professionals are giving increasing attention to "health education" as a means of preventing disease and illness with the patient. Since the personnel in these job titles come in contact with the patient most frequently, it is time to assess the parameters of a possible role for them in an overall health education effort. The question to be answered is: For what kinds and what levels of health education could they serve as a channel?

CORE MODULE II
INSTRUCTIONAL UNITS APPLICABLE TO LPNs IN HOSPITALS, NURSE AIDES IN HOSPITALS, AND NURSE AIDES IN NURSING HOMES

- Admitting and Discharging Patient
- Skin Care
- Basic Catheter Care
- Applying Restraints
- Isolation Techniques
- Housekeeping Role of Facility-Based Personnel

ADMITTING AND DISCHARGING PATIENT

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#318 -- Admit Patient: Complete Clothes List or Valuables List, Get Patient Settled in Bed, Notify Intern
#319 -- Discharge Patient: Return Clothes and Valuables, Accompany Patient from Floor
#320 -- Give Information or Directions to Patients or Visitors, or Direct Them to the Correct Source of Information

Performance Objectives:

The trainee will be able to answer the patient's routine questions about the facility, safeguard the patient's personal belongings, and acclimate the patient to his surroundings.

SKIN CARE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#048 -- Give General Skin Care to Patients in Casts
#049 -- Give General Skin Care to Comatose or Semi-comatose Patients
#057 -- Give General Skin Care to Patients in Traction

Performance Objective

The trainee will be able to give skin care in a safe manner with minimum discomfort to patients in casts, to comatose and semi-comatose patients, and to patients in traction.

BASIC CATHETER CARE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#127 -- Empty Drainage Bottles and Bags
#128 -- Check and Maintain Drainage Tubing Without Suction, e.g., Urinary, Catheters, T-tube
#129 -- Collection of Specimens
#180 -- Connect Catheters and Tubing to Drainage

Performance Objectives:

The trainee will be able to safely connect tubing, and drain catheter bags and/or bottles with minimal discomfort to patient.

Special Module:

Applicability:

- LPNs in Hospitals

Tasks Included:

#140 -- French Insertion
#141 -- Foley Insertion
#142 -- Irrigation
#143 -- Irrigation with Installation
#144 -- External Application

Performance Objective:

Trainee will be able to safely insert, apply and irrigate catheters with minimal discomfort to patients.

APPLYING RESTRAINTS

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#019 -- Apply Restraints
#044 -- Give General Skin Care to Patients in Restraints

Performance Objective:

The trainee will be able to safely apply the indicated restraint to the patient.

ISOLATION TECHNIQUES

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#016 -- Wash Hands
#020 -- Dispose of Contaminated Materials and Equipment
#021 -- Take In and Remove Equipment and Supplies from Contaminated Room
#022 -- Apply and Remove Equipment and Supplies from Contaminated Room

Performance Objectives:

The trainee will understand how infections are spread, the importance of minimizing the spread of infection, and the means through which infection can be contained.

The trainee will be able to perform the tasks listed above without contaminating himself or others.

HOUSEKEEPING ROLE OF FACILITY-BASED NURSING PERSONNEL

Applicability:

- LPNs in Hospitals

- Nurse Aides in Hospitals
- Nurse Aides in Nursing Homes

Tasks Included:

#309 -- Check Working Order of Equipment

#315 -- Regularly Inspect Rooms and Wards for Cleanliness and Comfort

#328 -- Distribute Supplies and Equipment to Patient's Room, e.g., Linen, Thermometers, Dressings, Footboards

#329 -- Clean Equipment and Utensils, Glassware, e.g., Suction Machine, Wash Basins, Water Glasses, Pitchers

#330 -- Clean Service Areas on Unit, e.g., Service Room, Treatment Room, Utility Room, Kitchen

#331 -- Obtain and Deliver Supplies and Equipment, e.g., Sheepskins, Hot Water Bottles, Suction Machines, Utensils

#332 -- Clean Patient's Unit Furniture

#335 -- Clean Patient's Unit Room

#345 -- Wash or Soak Used Equipment and Supplies and Put Them on the Cart to be Returned to Central Supply

#346 -- Put Away Supplies, Instruments

Performance Objective:

Trainee will understand the role of nursing personnel in maintaining a clean environment for optimum patient care.

Discussion:

The discussion in Cleanliness of Patient's Surroundings is also applicable here.

CORE MODULE III
INSTRUCTIONAL UNITS APPLICABLE TO LPNs AND NURSE AIDES IN HOSPITALS

- Assist Physician in Exams
- Application of Heat, Cold
- Pre/Post-Operative Care
- Oxygen Procedures I

ASSIST IN PHYSICIAN'S PROCTOSCOPIC RECTAL OR VAGINAL EXAMS

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

Tasks Included:

#181 -- Position and Hold Patient for Rectal, Vaginal Proctoscopic
#182 -- Set Up Equipment for Rectal, Vaginal Proctoscopic
#183 -- Screen and Drape Patient for Rectal, Vaginal Proctoscopic
#184 -- Assist Physician with Equipment for Rectal, Vaginal Proctoscopic

APPLICATION OF HEAT AND COLD

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

Tasks Included:

A. Heat

#160 -- Apply Heating Pads
#161 -- Administer Sitz Bath
#162 -- Apply Hot Water Bottles
#163 -- Apply Thermal Blanket
#164 -- Administer Tepid Baths
#165 -- Apply Heat Cradles
#172 -- Apply Hot Packs
#174 -- Apply Hot Compresses
#176 -- Administer Hot Soaks

B. Cold

#159 -- Apply Ice Bags
#170 -- Temperature Reduction Sponge
#171 -- Apply Cold Packs
#173 -- Apply Cold Compresses
#175 -- Administer Cold Soaks

Performance Objective:

Upon completion of this unit the trainee will be able to apply heat and cold to the patient's body in a safe manner using the equipment mentioned above.

Comments:

This unit is basically applicable to hospital-based LPNs and aides. However of the H-HHA, 21% routinely applied heating pads. Twenty percent of the NAs in nursing homes applied thermal blankets and ice bags.

Half or more than half of the nursing home providers responded to all of these tasks except "Heat Cradles." The mean responses to importance of these tasks indicate that they regard these tasks as important. Training program administrators should use their discretion when including or omitting these tasks in a program for nursing home aides.

PRE- AND POST-OPERATIVE CARE

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

Task Included:

#229 -- Assist in Pre- and Post-operative Care

Performance Objective:

The trainee will be able to prepare a patient for a surgical operation, and meet the patient's needs for routine post-operative care.

OXYGEN PROCEDURES I

Applicability:

- LPNs in Hospitals
- Nurse Aides in Hospitals

Tasks Included:

#113 -- Oxygen Mask and Nasal Cannula and Checking Gauges
#115 -- Administer Oxygen Mask

Discussion:

The NA's role here is limited to administering oxygen mask and checking on monitoring gauges when masks or cannulas are in use.

Performance Objective:

At the end of the lesson the trainee will be able to demonstrate her knowledge of, and ability to safely administer, oxygen masks and check or monitor the oxygen gauges when oxygen masks and nasal cannula are in use.

CORE MODULE IV
INSTRUCTIONAL UNITS APPLICABLE TO LPNs IN HOSPITALS

- Oxygen Procedures II
- Administering Blood
- Enterostomy Care
- Medications

OXYGEN PROCEDURES II

Applicability:

- LPNs in Hospitals

Tasks Included:

#111 -- Set Up and Regulate Humidifier
#116 -- Administer Oxygen Catheter
#117 -- Suction Patient's Throat Passage
#118 -- Suction Patient's Nose Passage
#123 -- Suction Patient's Tracheotomy
#124 -- Remove and Clean Inner Cannula of Tracheotomy
#153 -- Tracheotomy Care
#154 -- Tracheotomy Suction

Performance Objective:

The trainee will be able to set up and regulate a humidifier and safely administer a nasal catheter with minimal discomfort to the patient.

The trainee will be able to safely clean the patient's oxygen passages.

The trainee will be able to safely suction a patient's tracheotomy, and render tracheotomy care within the purview of the job title, in a safe manner with minimum discomfort to the patient.

ADMINISTERING BLOOD

Applicability:

- LPNs in Hospitals

Tasks Included:

#119 -- Discontinue Blood Transfusion

#200 -- Intravenous Therapy: Adjust I.V., Hourly Readings

Performance Objective:

The trainee will be able to safely discontinue blood transfusions with minimal discomfort to the patient.

The trainee will be able to safely render I.V. therapy within the purview of the job title

ENTEROSTOMY CARE

Applicability:

- LPNs in Hospitals

Tasks Included:

#137 -- Colostomy Care
#138 -- Sigmoidoscopy Care
#196 -- Irrigate Colostomy

Performance Objective:

Upon completion of this unit the trainee will be able to safely irrigate and clean enterostomies.

MEDICATIONS

Applicability:

- LPNs in Hospitals

Tasks Included:

#201 -- Give Oral Medications
#202 -- Prepare Injections
#203 -- Give Intra-muscular Medication
#204 -- Give Rectal Medications
#206 -- Assist in Self-administered Medications
#207 -- Prepare Medications
#208 -- Administer Medications (Pour and Distribute)

IX. TOWARD A PRACTICAL MODEL OF AIDE EDUCATION AND UTILIZATION

In the Introduction a number of problems relative to aide education and utilization were specified:

1. Overlap in task performance between various aide level positions and between aides and LPNs.
2. Redundant training requirements to get from aide level jobs to higher jobs.
3. The dead-end nature of aide level jobs.
4. Absence of agreement on the content of aide jobs.
5. High turnover rates in health facilities.
6. Increased costs of patient-care resulting from inappropriate aide training and utilization.
7. Misallocation of tasks.
8. Negative impact on the quality of care delivered.

Overlapping tasks, redundant training requirements, the dead-end nature of the jobs, and low pay scales contribute to the relatively high turnover of aide level personnel in hospitals and nursing homes. Absence of agreement on the content of aide level jobs further compounds the problems created by high turnover.

These problems impact adversely on the cost and quality of care. High turnover and the absence of agreement on aide job content results in severely diminished ability to take advantage of the learning curve. Employees were found to be leaving their employment just when they began to learn their job. As a result, training and supervisory costs are swollen.

These problems also impact adversely on the quality of care. Because of high turnover, the absence of an agreed-upon job content for the aide and lack of appropriate competency measures, the aide is of unknown quality. Yet primary patient contact in today's health-care settings is provided largely by aides. Assurance for the quality of care provided by aides is largely the arbitrary responsibility of the aide's immediate supervisor.

We concluded that the adverse impact these problems had on the cost and quality of patient-care could be reduced significantly by developing a more defined concept of the content and parameters of an aide's jobs and by building a standardized core curriculum to train people in the proper performance of the tasks and duties within the parameters of their job.

Through the process of task identification we have shown that a more defined concept of the content and parameters of aide level positions can be obtained. The construction of a standard core curriculum was also possible.

What this chapter seeks to do is to develop a practical model for aide education which may be useful to other communities. The following suggestions, based on our local experience and replicated elsewhere in the United States by the Homemakers organization, may be of value as individual communities seek to clarify this problem.

ESTABLISH A COMMUNITY-WIDE COMMITTEE ON AIDE TRAINING

In any community, a number of varied interests are affected by the aide-level training question: nursing professionals and health facility administrators; educational resources such as school systems, vocational departments, private industry, vocational schools, manpower training programs, etc. Since any action in this area suggests change, there is bound to be hesitancy or resistance on the part of those interests which feel threatened.

By providing for representation of every interest which impacts on the aide training question a Community-wide Committee on Aide Training is assured that its efforts will benefit from valuable input from all sides of the question. The result of such efforts will be appreciably easier to implement.

Essentially the role of this committee is to develop and maintain an awareness and appreciation of the problems surrounding aide education and utilization within the community. Based on that awareness, it can make recommendations designed to improve the supply, distribution, quality, utilization and effectiveness of aide level personnel.

The committee functions to:

- examine current aide utilization.
- develop a core curriculum for aide level personnel.
- develop a mechanism for sharing or coordinating community training resources,
- establish community-wide selection criteria for aides.
- coordinate efforts with LPN and allied health career pathways to provide mobility channels.
- provide for a community-wide mechanism for measuring the competency of aide trainees.
- provide for the establishment of mechanisms to monitor:
    - changes in the quality of patient-care.
    - changes in the cost effectiveness of coordinated aide level training over an uncoordinated training.

Those establishing such a committee should be cognizant of existing organizations with community-wide authority or a community-wide constituency, and which impact on one or more aspects of the question of aide training and utilization.

The purposes of a community committee on aide utilization and training might be well served if the committee were aligned with or housed in such an organization.

Organizations which have a community-wide authority are:

Local Office of the State Employment Service. Responsible for keeping abreast of the demand for and availability of skill in the labor market, and contracting for training in these skill areas which are deemed by them to be in short supply.

Local School System. The vocational education department of the local school system (sometimes with financial support of the local office of State employment service) may conduct training of Nurse Aides and other health aides.

Comprehensive Health Planning Agency. There are a number of these throughout the country, but they don't appear in every community. They are charged with keeping abreast of the health needs of the community they serve and planning for the national allocation of resources to meet these health needs.

Management Area Planning Councils. Established by mayors in major cities under the Cooperative Area Manpower Planning System. These agencies are responsible for coordinating within their community the resources of several Federal manpower programs. The components of their activities include an assessment of need for and present availability of manpower services within the area, and a statement of priorities and recommendations for allocations of program funding.

Local Chapter of the American Red Cross. Long active in first aid and home nursing training; theirs is an important voice.

Local Nursing Associations. Chapters of the American Nursing Association, National League for Nursing, and other state or local representations should be included.

Employing Agencies. Hospitals, nursing homes, and home health agencies must have a large role in determining what is realistically feasible in the real world of patient-care delivery.

EXAMINE AIDE UTILIZATION: DEVELOP AGREEMENT ON CONTENT OF AIDE LEVEL JOBS

Agreement on the parameters and content of aide jobs is the first step in any process designed to increase the effectiveness aide utilization of the prospects of upward mobility. "Assists the RN or LPN in the less skilled nursing tasks" is no longer a useful definition.

To be an effective tool a concept of aide utilization must be based upon:

- What the aide does on the job, not what others may think she does or what they think she ought to do.
- The requirement for latent skills, what the aide is required to know and is able to perform even though these skills may rarely or never be used (i.e., artificial respiration).
- Administrative factors impacting on aide utilization.

What the Aide Does on the Job

There are three major criteria to developing this information:

- The aide's perceptions of what she does must be included.
- The perceptions of her supervisor/employer must be included, including the felt need for latent skills.
- This information must be obtained in a sample of several organizations in each of the patient-care settings in which aides function.

Developing this information could be extremely expensive. The availability of resources would suggest that task identification, using a methodology similar to the one used in this study, be conducted in several facilities in each patient-care setting in which aides function. From this data would be identified those tasks or task areas which are performed by aides widely enough to warrant inclusion.

An alternative would be to review the core curriculum outlined in this study and have the Community Committee on Aide Training pass on those tasks acceptable to all groups. This latter approach is subject to certain pitfalls but may represent a more practical way to get on with the job.

Administrative Factors Impacting on Aide Performance:

Task identification will uncover tasks which, although within the knowledge and skill capacities of aides, are not performed by aides in enough facilities to warrant including in a "core" curriculum or an agreed upon concept of an aide's job content.

It is imperative to understand the reasons for the occurrence of these institution-specific tasks. In some instances these tasks reflect the traditions of the facility. In other instances they may have arisen by specifications in an insurance policy, or a union agreement, or an interpretation of the nursing practice act. Whatever the reasons, these institution-specific tasks must be understood and examined for validity. If the reasons, when found, constitute unrealistic barriers to full, effective and efficient aide utilization, they should be challenged and not included in the core program. Institutions choosing to retain these tasks may elect to include them in their own orientation program.

DEVELOP A COMMON CURRICULUM

Curriculum should be based upon the job content of the aide as developed heretofore. Primary attention should be given to the individual tasks the aide performs and the level of knowledge and skill the aide needs to perform them.

Modularizing the Curriculum

The curriculum ought to be modularized so that:

- Aide trainees can exit at designated points in the curriculum and still have saleable skills.
- Training aides for different patient-care settings can be accomplished by the addition or deletion of modules of training.
- The aide training program is creditable to LPN or other allied health occupations.

Before the curriculum takes final form the committee ought to coordinate with administrators of LPN and Allied Health training programs. These administrators might be able to provide valuable input which would mean the difference between their acceptance or denial of such a curriculum.

Implementing the Curriculum

If the curriculum is actually based upon task data from several facilities, it should receive widespread acceptance from private sector trainers, manpower programs, and vocational education programs who train for employer institutions. Many of these organizations will be judged on how easily their graduates can get jobs.

Gaining acceptance of the program might be somewhat more difficult with facilities which conduct preservice training for the purpose of staffing their own facility. However, since these facilities are plagued by turnover and a standardized curriculum should assist in alleviating this problem, there will be a tendency on their part to make the job content of their aide correspond to the job content of other similar facilities, even though utilization patterns will differ between institutions.

SHARE COMMUNITY TRAINING RESOURCES

The Community Committee on Aide Training ought to take upon itself the task of exploring the possibility of maximizing the utilization of training resources through sharing or coordination.

This avenue is fraught with possible resistance from those who might feel threatened by such a move. Yet in a time of skyrocketing health care costs no possible avenue for increasing the productivity of the dollars spent can afford to go unexplored.

Some of the questions that would have to be explored are:

1. Can more productivity be gotten out of the dollars spent by implementing a core curriculum for aide training in a centralized training setting and encouraging individual providers of care to focus their training resources to the specialized task of (1) covering modules of training to meet entry level requirements that are peculiar to their own facility and (2) upgrading people already on board?

2. What kind of learning curve phenomena result from specialization by each type of activity mentioned above? Could we expect an organization which was geared primarily to pre-service aide training to increase its own skills in training aides, and train aides at lower cost per graduated aide? Could we expect that in-house training efforts, free from the responsibility to provide entry level training would appreciably upgrade the skills of personnel on board?

3. If in-house training efforts could appreciably increase the mix of skills in the nursing staff of a facility--what effect might that have on the cost and quality of patient-care?

Communities wishing to explore coordination and/or sharing of aide training resources would be well served if they contacted organizational entit which may already exist and which have responsibilities for manpower planning.

ESTABLISH COMMUNITY-WIDE SELECTION CRITERIA FOR ENTRY INTO TRAINING PROGR

If the effort to develop an agreed upon concept of an aide's job content and a common curriculum meets with success, community-wide eligibility criteria will have to be established for entry into the training program and specific aide positions.

Eligibility requirements for the training program must be realistic and have some relationship to the position. Is there really a relationship between having a high school diploma and later ability to perform aide level work? Do 21-year-olds make better employees than 18-year-olds? It is important not to get stampeded into looking for simplistic criteria As a general rule, it is best to leave entry requirements for the trainin program relatively loose and unstructured.

Ideally, task analysis provides the best data from which to develop realistic job requirements. The following quotation from Sidney Fine's An Introduction to Functional Job Analysis highlights the problem of setting job requirements and the contribution task analysis can make to its resolution.

> A problem cited frequently by personnel specialists is that of setting worker qualifications for jobs. How does one determine the education and experience required to perform the tasks that make up a job?
>
> The most common means for establishing requirements (which then become qualifications) has been to set, on the basis of custom, competition, or availability in the labor market, a certain number of school years or a degree which workers must acquire to qualify for a given job. The hope is that an applicant who has completed the specified schooling will thereby be able to meet the job requirements. It is now more or less accepted that an individual's years in school often have little or nothing to do with whether he can perform certain tasks. It is also widely acknowledged that arbitrary diploma or degree qualifications have screened out capable motivated applicants from minority and disadvantaged groups. The question raised by most selection officers has become: What do we substitute for years of school, diplomas, and previous experience as qualifications?

> First, we have to know what we mean by "educational requirements" in relation to jobs. What we must know about the educational attainment needed to qualify workers for certain jobs is not so much how many years an applicant stayed in school but what levels of reasoning, language, and mathematical skills he has acquired regardless of where and how he acquired them. In the Functional Job Analysis system job requirements are determined by objective analysis as those which are necessary and sufficient to achieve average performance in the specific tasks of the job. By examining the tasks performed--their level, orientation, and performance standards in relation to reasoning, mathematical, and language requirements--qualification criteria can be generated which are independent of years of school completed.[1]

Many communities will, for reasons of their own, choose not to conduct task analysis. However, as they set about to establish community-wide job requirements for local aide positions, they should make every attempt to ensure that eligibility criteria are relevant to the job that is to be performed. Instead of blindly requiring a high school diploma, specify what the reasoning and other knowledge skill requirements are. Requirements ought to be clear and unambiguous. Phrases such as "of good moral character" or "evidence of maturity" ought to be elaborated upon and explained in explicit detail or avoided altogether.

ESTABLISH REALISTIC JOB-RELATED COMPETENCY MEASUREMENT MECHANISMS

It has been the practice in aide level training programs to prescribe a minimum number of classroom and/or OJT hours for each unit within its aide level curriculum. This practice is viewed as a "hedge," as a means of assuring that graduates of the training program will understand the material and be able to perform the tasks covered within that unit. However, establishing a minimum number of hours is hardly a guarantee that the material has been mastered.

More and more attention is being paid to the measurement of the individual's competency in terms of mastery of the material covered and ability to perform on the job. Testing, supervisory evaluation, and lab or on-the-job demonstration of proficiency are but a few ways to measure competence.

In establishing mechanisms to test for the competency of individuals it is extremely important to keep the mechanism relevant to the job, and to make sure that the testing mechanisms measure the abilities of the trainee to perform job skills within their ability to take tests.

Performance testing, having the person actually perform the task on which he is to be judged, is a form of testing which yields more reliable results than either written or oral tests. These kinds of tests are often simpler to construct and administer and more economical than oral or written tests. The overall plus factor of the performance test is that it gives the testing entity the capability of measuring such things as speed, neatness, and whether the trainee has the ability to perform the job; whereas oral or written tests can only measure the trainee's knowledge of the job.

COORDINATE WITH LPN AND ALLIED HEALTH PROFESSIONS

Nurse Aides are found in every specialty service that the modern hospital offers. The research data shows that aide positions contain within them the basis for upward mobility to LPN and allied health occupations.

If improved mobility for aides is to become a realistic goal, then the community committee should establish a coordinating relationship with organizations (educational and professional) representing LPN and allied health professions.

Coordination will be particularly called for at the following points:

1. Examination of Aide Utilization.

   If task identification or task analysis is to be conducted on aides, the cause of upward mobility would be well served if it were conducted on LPNs and allied health professions as well; conducting it at the same time with the same methodology would provide the best conditions for determining the presence and extent of task performance overlap between nurse aide and other occupations.

2. Curriculum Development.

   One of the major benefits of developing a curriculum from task identification or task analysis data is that it allows the curriculum developer to eliminate extraneous "nice to know" material from the curriculum. However, if such a curriculum is to serve as the point for upward mobility to other occupations, curriculum developers will have to touch base with LPN and allied health profession training organizations to be aware of their requirements which might affect aide training programs.

3. Sharing or Coordinating Community Training Resources.

   When the curriculum is developed and ready to be implemented, the cause of upward mobility for aides would be well served if organizations which train LPNs or allied health professions were given the opportunity to implement the curriculum. If these organizations were given the opportunity to implement the curriculum it would increase the likelihood that graduates of aide training programs would receive credit for their training and experience as aides toward the organization's own training program for LPNs or allied health professions.

If possible, allied health representatives should be asked to serve on the committee for aide training. It should be obvious that if upward mobility is to become a reality, their input will have to be obtained. Success of the effort is more likely if the cooperation of all groups affected can be secured.

MONITOR FOR QUALITY CONTROL AND COST EFFECTIVENESS

No matter how the curriculum and training resources are coordinated, centralized or decentralized, it is imperative that the quality of its graduates and the cost of making them full performance personnel be measured.

The quality of performance of the training program graduates should be measured at a specified time after they leave the training program. The quality of their performance should be measured against graduates of other programs.

Likewise, the cost of training aide personnel should be monitored closely. The time period for measurement should start from the day the aide enters the training program and continue to the day she is deemed to be a full performance nurse aide with her first employer. In-service training costs should be included as well as costs associated with pre-service training.

BENEFITS OF USING THE MODEL

What has been described here is a model for action. Models are merely abstractions of what we think reality is or should be. Models allow us to abstractly or vicariously examine the subject we study without doing damage to the real thing.

The curriculum developed in the study and the modeled course of action for community-wide action on aide training and utilization are designed as guides. It is recognized that it is highly unrealistic to expect that either the curriculum resulting from this study or the model of aide education and utilization can be used in total by all communities. Each community must inventory its own needs in the areas of what aides need to know in order to function effectively at entry level, and then mold a curriculum to best meet their own objectives.

Any alteration of currently used curricula, or community patterns of the utilization of training resources, will perhaps engender resistance from interests who feel threatened by change. It is suggested that although the model described here be modified to communities' specific needs, such reshaping should be accomplished without destroying the spirit of the curriculum.

The benefit of using this model is that is can overcome to a significant extent the difficulties currently surrounding aide training and produce greater quality of patient care.

IX - FOOTNOTES

Page 192 [1]Fine, *An Introduction to Functional Job Analysis*, p. 27

X. POLICY IMPLICATIONS

UNIVERSALITY OF THE PROBLEM

Three factors suggest a serious approach toward more effective and economic use of health manpower resources. Two of these factors stem from information answered by this study. The other factor is a galloping widespread inflation which has impacted on every sector of the economy. The rise in inflation is so pervasive that consumers -- when they are faced with health crises -- will find they cannot afford both food to feed their families and the health services to restore a family member to health; they must make a choice on trade-off between services.

In such an environment no one in the health sector, administrative or professional, in government, or in the private sector can afford to shrug off potential avenues which offer more effective use of health resources.

Much of the costs of delivery of care, 65-75% in hospitals and 90% in nursing homes, is represented by manpower resources.[1] Therefore, economic utilization of these resources represents the best opportunity for achieving overall economies in the delivery of care.

To take figures from Health Resources Statistics,[2] aides account for approximately 40% of the available necessary manpower.

Two other factors developed in the course of this study suggest that aide manpower is being less than efficiently or economically utilized.

First, the summary data developed in Chapter VI, Data Analysis, indicates that content of nursing job titles is not uniform; it does not approach being uniform from provider to provider even within patient-care settings.

In analyzing the results of the Kendall's coefficient of concordance computed to measure agreement within a job title as to frequency of task performance, a value for "W" of .55 was set as the lower limit for "agreement." When each of the job titles had been analyzed, a "W" value of .55 could only be found for:

- 38.3% of LPN tasks
- 48.6% of NAs in hospital tasks
- 63.3% of nursing home NA tasks
- 25.6% of the H-HHA tasks

This means that there is little or no agreement as to the frequency of task performance for:

- 61.6% of LPNs job
- 51.2% of hospital NAs job
- 36.5% of nursing home NAs job
- 74.2% of the NAs job

Since employers were the prime variable in this comparison, it is reasonable to assume that the providers of care themselves were, at least in part, responsible for the differences in perception on the part of their respective employees.

This data then tends to indicate the existence, to at least some extent, of different concepts of the content of aide jobs.

Second, in Chapter IV, Identifying Resources, a demand rate for aides of 59.1% in private sector hospitals and 75.7% in private sector nursing homes was documented. Some of that demand rate is caused by aides leaving the nursing occupation. Much of it is caused by aides leaving the employ of one provider of care for the employ of another.

The tremendous turnover among aides and the absence of agreement among providers as to what constitutes the content of an aide's job suggests that the consequences of such a situation to the cost and quality of patient care can be quite serious.

The interplay of these two phenomena is such that recruiting trained and experienced aides to meet the requirements of an aide's position, in any given health facility, is a process affected by so many variables that it approaches being impossible. Aides in almost all instances are either over-qualified for the position they're hired or under-qualified. In the former case a loss of resources results in a waste of manpower resources; in the latter case the employer has an unexpected outlay of training or recruiting resources to rectify the situation.

Is this a problem of sufficient scope that it deserves attention? The immediate answer is "yes," because of the resource waste. Yet, unfortunately, it is impossible to measure the scope of the problems in terms of dollars, because providers of health care can't identify costs of training or costs of turnover. Both areas are problems for providers of health care, yet providers of care are unable to deal with the scope of these problems in dollars and cents cost to them. They will treat the problem as "a cost of doing business;" an administrative headache that has to be accepted.

The implication for policy is that something should be done to minimize the affect of these two phenomena on the delivery of care. This study has developed no data from which to offer suggestions on how to diminish the rates of turnover per se, and data on causes of turnover in health facilities on occupations is not readily available from other sources. However, this study does demonstrate the following: a body of knowledge and skills that can be identified as being core to all nursing occupations in the three patient-care settings, and can be established and recognized as core for these occupations in a geographic labor market. Much can then be done to minimize all of the adverse impacts of high turnover. Employers would have a better grasp of the capabilities of prospective employees. They would be better able to allocate training resources to bring new employees up to the requirements the employer has set.

Since aides belong to an economic group whose geographic mobility seldom ranges out of the metropolitan area, the appropriate geographic scope in dealing with the problem of aide training would be the metropolitan labor market area.

Upward mobility for people in nursing occupations, if it is going to succeed as a concept and subsequent reality, will in large measure depend on the identification of job content core to the nursing occupations in each of the patient-care settings.

One of the underlying contentions of the study is that the prime arena for upward mobility is the labor market as a whole rather than the hierarchy of an individual employer. The basis for this contention is that only very few of the providers of care (hospitals, nursing homes, etc.) have a hierarchy big enough to accommodate a viable upward mobility program.

For upward mobility to be viable when the whole labor market is the setting, aides are going to have to receive some formal training in a curriculum of one of the credentialized job titles. Since aide jobs characteristically pay close to the minimum wage it would be hard, if not impossible, for aides to save enough from their wages to support themselves while attending formal training full-time. If credit could be given for prior training and experience toward the initial units of such curricula, it would tend to diminish the barrier these programs currently constitute.

Whether a program of giving credit for prior aide training and experience can be instituted in a community, would seem largely to depend on whether those kinds of decisions can be made manageable on a large scale.

If, under current situations, credit were to be granted to an individual aide for prior training and experience, there are few generalizations that would be useful to the decision-maker. The decision would have to rely on a number of details each of which would have to be verified. The identification of core areas of knowledge and core skills would make easier those decisions by reducing the number of variables.

The universality of this problem within the nation should motivate state and national groups and thought leaders to press for a resolution that would lead to greater standardization and regulation of this occupational level. It is time that movement toward this goal gather momentum and the allegiance of key decision-makers.

A CALL FOR MORE RESEARCH

As in any research endeavor, this study raises questions which it does not answer. Answers to many of these questions would be helpful in arriving at more effective use of health manpower resources. The following is a list of areas requiring additional research:

- A uniform method of accounting to keep track of direct and indirect costs of training programs
- Causes of turnover among aides
- How to make high turnover more manageable for health care providers
- The application of learning curve theory to aide performance
- Involving health aide personnel in health education
- Reasons for differences in the provision of home health care
- A determination of other personnel who perform specific tasks

Serious consideration should be given to exploring the worth of developing and promoting accounting mechanisms which would allow administrators to keep track of the costs, direct and indirect, of their training efforts.

To accurately keep track of these costs, an organization would have to be able to identify all the direct costs (i.e., salaries of trainers, materials, etc.) and indirect costs (i.e., cost of administrator's time to supervise the program and the training program's share of costs of central services, such as payroll, personnel administration, etc.).

Where these costs are identified, an organization can begin to understand the costs of training aides. They can construct units of comparison such as "dollars per training hour per aide." The health care administrator is in a much better position to:

1. Compare the effectiveness of his training efforts to those of similar organizations.
2. Make more accurate decisions as to the benefits of allocating dollars to training, or allocating dollars to other areas that might mitigate the need for current levels of training.

Cause of turnover among aides should be thoroughly explored. At the present time in the Metropolitan Washington area, or in any of the jurisdictions, no mechanisms exist to measure job turnover or job dissatisfaction. If manpower accounts for 65-75% of hospitals costs and 90% of the nursing home costs,[1] then the problem of turnover has to be thoroughly understood if more effective and economic rise of health manpower is to be achieved. Some of the questions which would have to be explored in this area are:

- The effect of wages on turnover

- The effect of working conditions (i.e., hours, repetitious work) on turnover

- What levels of incentives can be offered to stem turnover

If high turnover can't be stemmed, then it will have to be made more manageable. Administrations will have to be able to identify:

- What characteristics constitute good aides

- How many aides are available; what is the flow of aides

- What are the indications of aide readiness to leave jobs

- Methods of keeping track of how many aides exhibit these indications

Learning curve theory ought to be explored for its application to nursing in health facilities. What kinds of economies are achieved by holding on to individual employees for given intervals beyond the average tenure?

What levels of economies can be achieved by lengthening the length of stay of the whole employee force? Can the level of the staff's mix of skills be raised so that more complicated disabilities, or a wider variety of disabilities, can be cared for?

Serious consideration ought to be given to exploring and defining a role for health aide personnel in health education. Undeniably, many people learn about sound health practices only upon becoming patients themselves. Since the personnel in the job titles under study here come in contact with patients more frequently than do professionals, perhaps it is time to consider an expanded role for them in an overall health education effort. The question to be answered is for what kinds and what levels of health education they could serve as a channel.

This study uncovered absences of agreement on the frequency of performance and importance of tasks on the part of employer-based groups of H-HHAs. Since the prime variable was the employer/provider of care it is reasonable to assume the agencies themselves were, at least in part, responsible for the differences in perception on the part of their employees.

Therefore, in order to promote effective utilization of home care as one essential setting in the delivery of health services, the reasons for differences among home care providers should be understood. Are these differences based on structure? Are agencies structured to meet requirements of different payment mechanisms? Are the differences among agencies due to the different clienteles they might serve?

The "Other Personnel Who Perform This Task" column ought to be refined as a mechanism and tried again using a sample of a NA population. The NA functions in almost every service offered by a hospital. Used effectively, this device may be able to identify for the NA avenues of vertical career mobility, other than the NA - LPN - RN spectrum.

The data gathered in this study is by no means exhausted; several configurations of this data are worth analysis:

- Comparisons of the distribution of the data based on the different pay levels within a job title.
- What effect does longevity with an employer have on the content of an aide's job.
- What effect does years of experience have on the content of an aide's job.

While much has been done, much remains. Aide level nursing occupations represent a significant opportunity area for major and important gains in upgrading the job lives of many thousands, reducing dramatically the costs of preparing this resource for service, and providing a better day for patient care.

X - FOOTNOTES

Page 198 [1]Commission on the Organization of the Government of the District of Columbia. Report of . . . Vol. III. Washington, D.C. U.S. Government Printing Office, 1972, p. 627

Page 198 [2]U.S.Department of Health Education and Welfare, Health Resources Statistics, pp. 173-188, 1971

Page 202 [1]Commission on the Organization of the Government of the District of Columbia. Report of . . . Vol. III. Washington, D.C. U.S.Government Printing Office, 1972, p. 627

GLOSSARY

Health Aide: Aide level personnel, including nurse aides, orderlies, and homemaker-home health aides.

Homemaker-Home Health Aide (H-HHA): An unlicensed person who provides, under the supervision and direction of a Registered Nurse, a broad range of nursing services to the patient in the patient's home. These may or may not be in addition to Homemaker duties.

Licensed Practical Nurse (LPN): Provides nursing care and treatment of patients under supervision of a licensed physician or Registered Nurse. LPNs must have graduated from a state-approved school and be licensed by the State. Also known as Licensed Vocational Nurse (LVN) in some states.

MWRMP: Metropolitan Washington Regional Medical Program.

Nurse Aides (NA): Assist Registered and Licensed Practical Nurses in performing the less skilled tasks in the care of patients. Usually women.

Orderlies: Assist by performing a variety of duties for male patients and certain heavy duties in the care of the physically ill, mentally ill and mentally retarded. Usually men.

Routinely: Routinely has a special meaning when used in association with task performance. Routinely means tasks performed weekly or more frequently.

INVENTORY OF HOSPITALS, NURSING HOMES AND PROVIDERS OF HOME HEALTH CAR

IN THE METROPOLITAN WASHINGTON AREA

January 1973

HOSPITALS

WASHINGTON, D.C.

D.C. General Hospital
19th St. & Massachusetts
Washington, D.C. 20002

Dewitt Hospital
Fort Belvoir

Freedmens Hospital
6th & Bryant Streets, N.W.
Washington, D.C. 20001

Malcom Grow Hospital

National Institute of Health
Clinical Center

National Naval Medical Center

St. Elizabeths Hospital
Congress Heights
Washington, D.C. 20032

U.S. Soldiers Home Hospital
Roch Creek Road & Upshur St.
Washington, D.C. 20008

Walter Reed Army Medical Center
6825 16th Street N.W.
Washington, D.C. 20012

Washington Veterans Admin. Hosp.
50 Irving Street N.W.
Washington, D.C. 20422

Cafritz Memorial Hospital
1310 Southern Avenue, S.E.
Washington, D.C. 20032

Children's Hospital of D.C.
2125 13th Street, N.W.
Washington, D.C. 20009

Columbia Hospital for Women
2435 L Street N.W.
Washington, D.C. 20037

Doctors Hospital
1315 Eye Street, N.W.
Washington, D.C. 20006

George Washington University Hosp
901 23rd Street, N.W.
Washington, D.C. 20037

Georgetown University Hospital
3800 Reservoir Road, N.W.
Washington, D.C. 20007

Hadley Memorial Hospital
4601 Martin Luther King, Jr., S.E
Washington, D.C.

Hillcrest Childrens Center
1325 W. Street, N.W.
Washington, D.C. 20009

Hospital for Sick Children
1741 Bunker Hill Road, N.E.
Washington, D.C. 20017

Providence Hospital
1150 Varnum Street, N.E.
Washington, D. C. 20017

Rogers Memorial Hospital
5255 Loughboro Road, N.W.
Washington, D.C. 20016

Washington Hospital Center
110 Irving Street, N.W.
Washington, D.C. 20010

D.C. Village
No. 2 D.C. Village Lane
Washington, D.C.

Sibley Memorial Hospital Center
5255 Loughboro Road, N.W.
Washington, D.C. 20016

VIRGINIA

Alexandria Hospital, The
709 Duke Street
Alexandria. Virginia 22314

Alexandria Hospital, The
4320 Seminary Road
Alexandria, Virginia 22314

Arlington Hospital
5129 North 16th Street
Arlington, Virginia 22205

Circle Terrace Hospital, The
904 Circle Terrace Drive
Alexandria, Virginia 22302

Commonwealth Doctors Hospital
4315 Chain Bridge Road
Fairfax, Virginia 22030

Fairfax Hospital, The
3300 Gallows Road
Falls Church, Virginia 22046

Jefferson Memorial Hospital
4600 King Street
Alexandria, Virginia 22302

National Orthopedic & Rehabilitation Hospital
2455 Army Navy Drive
Arlington, Virginia 22206

Northern Virginia Doctors Hospital
601 South Carlyn Springs Road
Arlington, Virginia 22204

MARYLAND

Holy Cross Hospital of Silver Spring
1500 Forest Glen Road
Silver Spring, Maryland 20910

Montgomery General Hospital
18101 Prince Philip Drive
Olney, Maryland 20832

Suburban Hospital Association, Inc.
8600 Old Georgetown Road
Bethesda, Maryland 20014

Washington Adventist Hospital
7600 Carroll Avenue
Takoma Park, Maryland 20012

NURSING HOMES

WASHINGTON, D.C.

Army Distaff Hall
6200 Oregon Avenue, N.W.
Washington, D.C.

Baptist Home of D.C.
3700 Nebraska Avenue, N.W.
Washington, D.C.

Bonamar Convalescent Home
2840 Bladensburg Road, N.E.
Washington, D.C.

Chula Vista Convalescent Home
6925 Georgia Avenue, N.W.
Washington, D.C.

D. C. Village
No. 2 D.C.Village Lane, S.W.
Washington, D.C.

Episcopal Church Home
1515 32nd Street, N.W.
Washington, D.C.

Holy Ark Home
14 Maryland Avenue, M.E.
Washington, D.C.

Kalorama Convalescent Home
2001 Kalorama Road, N.W.
Washington, D.C.

Washington Home for Incurables
3720 Upton Street, N.W.
Washington, D.C.

Lisner Home
5425 Western Avenue
Washington, D.C.

Little Sisters of the Poor
220 H Street, N.E.
Washington, D.C.

Mar-Salle Convalescent Home
2131 O Street, N.W.
Washington, D.C.

Mary Corrine Nursing Home
1887 Monroe Street, N.W.
Washington, D.C.

Masonic & Eastern Star Home
6000 New Hampshire Avenue, N.E.
Washington, D.C.

Methodist Home of D.C.
4901 Connecticut Avenue, N.W.
Washington, D.C.

National Lutheran Home for the Aged
18th & Douglas Street, N.E.
Washington, D.C.

Presbyterian Home of D.C.
3050 Military Road, N.W.
Washington, D.C.

VIRGINIA

Ayr Hill Nursing Home
112 Ayr Hill Avenue, N.W.
Vienna, Virginia 22180

Barcroft Institute
2960 Sleepy Hollow Road
Seven Corners, Virginia 22044

Farifax Lodge Convalescent Home
11140 Main Street
Fairfax, Virginia 22030

Fairfax Nursing Home, Inc
10701 Main Street
Fairfax, Virginia 22030

Goodwin House
4800 Filmore Avenue
Alexandria, Virginia 22311

Mermitage Methodist Home
of Virginia, Inc.
5000 Fairbanks Avenue
Alexandria,Virginia 22311

Iliff Nursing Homes, Inc.
8000 Iliff Drive
Dunn Loring, Virginia 22027

Leewood Nursing Home
7120 Braddock Road
Annandale, Virginia 22003

Oak Meadow, Inc,
1510 Collingwood Road
Alexandria, Virginia 22308

Oakton Nursing Home
10322 Blake Lane
Oakton, Virginia 22124

Powhatan Nursing
2100 Powhatan Street
Falls Church, Virginia 22043

Sleepy Hollow Manor Nursing Home
6700 Columbia Pike
Annandale, Virginia 22003

Weakley Nursing Home #1
736 Ninovan Road
Vienna, Virginia 22180

Weakley Nursing Home #2
732 Ninovan Road
Vienna, Virginia 22180

Woodbine Nursing & Convalescent Center
2729 King Street
Alexandria, Virginia 22302

MARYLAND

The Althea Woodland
100 Daleview Drive
Silver Spring, Maryland 20900

Asbury Methodist Home for the Aged, Inc.
Rolling Acres
Gaithersburg, Maryland

Bel Pre' Health Center
2601 Bel Pre' Road
Silver Spring, Maryland 20906

Bethesda-Silver Spring Nursing Home
8700 Jones Mill Road
Chevy Chase, Maryland 20015

Brooke Grove Foundation
Box 195
Olney, Maryland 20832

Carriage Hill Nursing & Geriatric Center
9101 Second Avenue
Silver Spring, Maryland 20910

Chestnut Lodge, Inc. (Mental)
500 W. Montgomery Avenue
Rockville, Maryland 20850

Chevy Chase Nursing & Convalescent Home
2015 East-West Highway
Silver Spring, Maryland 20900

Christ Child Institute for Children (Emotionally Disturbed)
Edson Lane
Rockville, Maryland 20850

Circle Manor
10231 Carrol Place
Kensington, Maryland

The Colonial Villa
12325 New Hampshire Avenue
Silver Spring, Maryland 20904

Eventide
700 Hudson Avenue
Takoma Park, Maryland 20012

Fairland Nursing Home
2101 Fairland Road
Silver Spring, Maryland 20900

Friends House Nursing Home
17340 Quaker Lane
Sandy Spring, Maryland 20860

Wildwood Health Center
5721 Grosvenor Lane
Bethesda, Maryland 20014

Hebrew Home of Greater Washington
6121 Montrose Road
Rockville, Maryland 20852

Kensington Gardens Nursing Home
3000 McComas Avenue
Kensington, Maryland 20795

Manor Care, Wheaton
11901 Georgia Avenue
Wheaton, Maryland 20902

The Marylander Home of Rest, Inc.
Germantown, Maryland

Melwood Farm, Inc. (Alcoholic Rehabilitation)
P.O. Box 182
Olney, Maryland 20767

Noe Care Home
26909 Howard Chapel Drive
Damascus, Maryland 20750

Park Haven
7420 Maple Avenue
Takoma Park, Maryland 20012

Partnership Nursing Home
Willard Road
Poolesville, Maryland 20837

Pleasant View Nursing Home, Inc.
7800 Muncaster Mill Road, Rt. #2
Gaithersburg, Maryland 20760

Potomac Valley Nursing Home, Inc.
1235 Potomac Valley Road
Rockville, Maryland 20850

Randolph Hills Nursing Home
4011 Randolph Road
Wheaton, Maryland 20902

Sharon Nursing Home
Onley, Maryland 20832

Sligo Gardens
7525 Carroll Avenue
Takoma Park, Maryland 20012

Sylvan Manor Health Care Center
2700 Barker Street
Silver Spring, Maryland 20910

University Nursing Home, Inc.
901 Arcola Avenue
Wheaton, Maryland 20902

The Westwood
5101 Ridgefield Road
Bethesda, Maryland 20016

American
7401 Stuart Lane
Clinton, Maryland 20735

Carroll Manor
4922 LaSalle Road
Hyattsville, Maryland 20782

Greenbelt Convalescent Center
7010 Greenbelt Road
Greenbelt, Maryland 20770

Groomes Rest Home
904 64th Avenue
Cedar Heights, Maryland 20027

Madison Manor Nursing Home
5801 42nd Avenue
Hyattsville, Maryland 20781

Magnolia Gardens Nursing Home
8200 Good Luck Road
Lanham, Maryland 20801

Manor Care - Adelphi
1801 Metzerott Road
Adelphi, Maryland 20783

Paint Branch
3120 Powder Mill Road
Beltsville, Maryland 20705

Prince George's ECF
Cheverly, Maryland 20785

Regency Nursing Home
7420 Marlboro Pike
Forestville, Maryland 20028

Sacred Heart Home
5805 Queens Chapel Road
Hyattsville, Maryland 20782

Suitland Nursing Home
2405 Whitehall Street, S.E.
Suiteland, Maryland 20023

Villa Rosa Home
Lottsford - Vista Road
Mitchellville, Maryland 21109

PROVIDERS OF HOME CARE

WASHINGTON, D.C.

Home and Family Service, Inc.
1025 Vermont Avenue, N.W.
Washington, D.C.

Homemaker Health Aide Service
of the National Capitol Area
1825 Connecticut Avenue, N.W.
Washington, D.C. 20009

Homemakers Home & Health Care Services, Inc.
1346 Connecticut Avenue, N.W. Rm. 432
Washington, D.C. 20036

Visiting Nurses Association
1842 Westwood Place, N.W.
Washington, D.C. 20009

VIRGINIA

Alexandria Health Department
517 N. St. Asaph Street
Alexandria, Virginia 22314

Arlington Health Department
1800 N. Edison Street
Arlington, Virginia

Home Health Services
Fairfax County Health Department
5633 Leesburg Pike
Bailey's Cross Roads, Virginia 22041

Medical Personnel Pool
5601 Seminary Road
Suite 13N
Bailey's Cross Roads, Virginia 22041

Visiting Nurses Association of Northern Virginia, Inc.
5055 South Chesterfield Road
Arlington, Virginia

Visiting Nurse Service of Fairfax County
Post Office Box 477
Fairfax, Virginia 22030

MARYLAND

Holy Cross Hospital of Silver Spring
1500 Forest Glen Road
Silver Spring, Maryland 20910

Prince George's County Health Department
Cheverly, Maryland 20785

EMPLOYEE SURVEY

Upjohn
HOMEMAKERS
724 - 14th Street, N.W.
Room 201
Washington, D.C. 20005
Ph. (202) 638-6874

INVENTORY TASKS

Performed by

-- Licensed Practical Nurses

-- Nurse Aides

-- Homemaker - Home Health Aides

-- Orderlies

in all patient care settings in the Metropolitan Washington Area

Please complete and return this document by to:

Mr. T. J. Gilligan
Project Coordinator

Homemakers Inc.
724 14th St., N. W.
Washington, D.C. 20005

TO ENSURE THE CONFIDENTIALITY OF YOUR RESPONSE, A HOMEMAKERS^{R} ENVELOP
BEEN PROVIDED. WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE, PLEASE PLAC
IN THE ENVELOPE AND SEAL THE ENVELOPE. HOMEMAKERS WILL PICK UP THE S
RESPONSES FROM YOUR EMPLOYER.

DIRECTIONS FOR EMPLOYEES

This survey will provide Homemakers^{R} and the Metropolitan Washington Regional Medical Program with the base information needed to establish a "core" training curriculum for aide level nursing personnel. Our aim is to make this training curriculum valid for all types of facilities in the metropolitan area in which aide level nursing personnel work. So once a person was trained as a nurse aide in this program, he/she would have the necessary background to get a nurse aide job anywhere in the metropolitan area---with a minimum of additional training.

So, please fill out this survey form as truthfully as you can.

A Homemakers^{R} envelope is provided with this survey. Once you have completed this survey form, please place it in the envelope, and seal it. Homemakers^{R} will pick up the sealed responses from your employer.

The definitions listed below are designed to be as broad as possible. The purpose is to screen as many types of personnel into consideration as possible, so that when the core curriculum is developed it will have as wide an applicability as possible.

DEFINITION OF TERMS:

Licensed Practical Nurse (LPN), also known as

Licensed Vocational Nurse (LVN): Provides nursing care and treatment of patients under supervision of a licensed physician or Registered Nurse. LPN's must have graduated from a State-approved school and be licensed by the State.

Nurse Aides: Usually women; assist Registered and Licensed Practical Nurses in performing the less skilled tasks in the care of patients.

Orderlies: Usually men; assist by performing a variety of duties for male patients and certain heavy duties in the care of the physically ill, mentally ill and mentally retarded.

Homemaker - Home Health Aide: Is an unlicensed person who provides, under the supervision and direction of a registered nurse, a broad range of nursing services to the patient in the patient's home. These may or may not be in addition to Homemaker duties.

INSTRUCTIONS

This inventory of tasks is designed to represent 100% of the tasks performed by nursing personnel at the LPN and paraprofessional level. It is not expected that any one person will perform all of these tasks. Homemakers^R realizes that in some patient care settings (nursing homes, home health agencies) personnel will not be called upon to perform some of these listed tasks.

The purpose of this list is to provide respondent with a list of tasks from which to indicate the tasks they do perform. Should a task which is performed not appear on this list, please list it at the end of the list.

Frequency: Under "Frequency" circle the number (e.g., 1 2 3 4 5) which most nearly describes how often the task in question might be performed by you.

1---rarely perform the task more than 3 or 4 times a year.
2---perform the task at least monthly.
3---perform the task at least weekly.
4---perform the task daily.
5---perform the task repeatedly daily.

Importance: For those tasks performed under "Importance," circle the number which most nearly indicates the importance of the task relative to the other tasks performed by you.

1---of minimal importance.
2---of slight importance.
3---important.
4---very important.
5---of maximum importance.

In deciding the relative importance, use your own judgment and your own criteria.

Other Personnel Who Perform These Tasks: In this space list those types of personnel (e.g., EKG tech., Dr.) other than Orderly, Nurse Aide, LPN, and Home Health Aide, who perform this task.

In listing these personnel, please use the following abbreviations:

Registered Nurse.	RN	X-ray Technician.	XT
Licensed Practical Nurse. . .	LPN	EKG Technician.	EKG Tech
Nurse Aide.	NA	Inhalation Therapist.	IT
Orderly	Ord	Neighborhood Health Worker. . .	NHW
Surgical Technician	ST	Doctor.	DR.
Psychiatric Aide.	PA	Ward Secretary.	WS

PERSONAL DATA

Employer ____

Employers Address ____

If you work in a hospital, indicate the unit within which you work -

Medicine ______________
Surgery ______________
Orthopedics ______________
Intensive Care __________
Pediatrics ______________
Operating Room__________
Obstetrics ______________
Gynecology ______________
Outpatient ______________
____
____
____
____

If you work in a nursing home, indicate the unit within which you work -

Skilled care ________________
Intermediate care______________
Domicilliary/residential_________

My job title is

Nursing Assistant_____
Nurse Aide___________
Orderly______________
Licensed Practical Nurse _____
Homemaker - Home Health Aide_____
Other ______________________________
please specify

I have worked with my current employer:

less than 1 year _____
1--2 years _____
2--3 years _____
3--5 years _____
5 or more years _____

I work an average of __________ hours a week
no. of hours

Currently I am working on the - 7-3 _____ shift
3-11 _____ "
11-7 _____ "

My age is _____.

My hourly wage is _____.

The highest level of education I have attained is:

Less than 10th grade	____	Post high school training	____
10th--12th grade	____	Years of college	____
High School diploma or equivalent	____	College degree	____

I received my first training as a (nurse aide, Homemaker - Home Health Aide, or orderly) at: (Give name and address of organization where training was received.)

____

____

____

____

____

This training program consisted of

Classroom ____
hours per week for what number of weeks

Clinical ____
hours per week for what number of weeks

I have been working in the health field for ______ years.

Have you ever had to repeat your training in order to get another job?

Yes ______ No ______

If yes, how many times have you repeated your training?

Functional Area I -Diversional, Therapeutic, and Assistance Activities	Frequency	Importance	Other personnel who perform these tasks
001 - Receive and deliver messages and/or mail to patients	1 2 3 4 5	1 2 3 4 5	
002 - Obtain and deliver items for patient's personal use	1 2 3 4 5	1 2 3 4 5	
003 - Assist in placing telephone calls	1 2 3 4 5	1 2 3 4 5	
004 - Obtain and deliver supplies for patient's entertainment or recreation	1 2 3 4 5	1 2 3 4 5	
005 - Assist and/or participate in recreational activities	1 2 3 4 5	1 2 3 4 5	
006 - Read to patients	1 2 3 4 5	1 2 3 4 5	
007 - Assist in writing letters and messages	1 2 3 4 5	1 2 3 4 5	
008 - Assist and/or participate in occupational activities with patients	1 2 3 4 5	1 2 3 4 5	
009 - Assist patient in observing religious dietary restrictions	1 2 3 4 5	1 2 3 4 5	
010 - Prepare patient to see clergy	1 2 3 4 5	1 2 3 4 5	
011 - Prepare patient to receive sacraments	1 2 3 4 5	1 2 3 4 5	
012 - Assist patient in religious rites	1 2 3 4 5	1 2 3 4 5	
013 - Participate, assist in administration of sacraments	1 2 3 4 5	1 2 3 4 5	

Functional Area II - Safety and Comfort	Frequency	Importance	Other personnel who perform these tasks
A. Patient Protection			
014 - Adjust side rails	1 2 3 4 5	1 2 3 4 5	
015 - Adjust height of bed	1 2 3 4 5	1 2 3 4 5	
016 - Wash hands	1 2 3 4 5	1 2 3 4 5	
017 - Explain and apply smoking regulations	1 2 3 4 5	1 2 3 4 5	
018 - Use precautions in administering and handling drugs, etc.	1 2 3 4 5	1 2 3 4 5	
019 - Apply restraints	1 2 3 4 5	1 2 3 4 5	
020 - Dispose of contaminated materials and equipment	1 2 3 4 5	1 2 3 4 5	
021 - Take into and remove equipment and supplies from contaminated room	1 2 3 4 5	1 2 3 4 5	
022 - Apply and remove gown and mask	1 2 3 4 5	1 2 3 4 5	
023 - Prepare accident and safety reports	1 2 3 4 5	1 2 3 4 5	
024 - Locating and setting up simple equipment: -rails	1 2 3 4 5	1 2 3 4 5	
025 - -footboards	1 2 3 4 5	1 2 3 4 5	
026 - -sand bags	1 2 3 4 5	1 2 3 4 5	
027 - -heel coverlets	1 2 3 4 5	1 2 3 4 5	
028 - Open sterile packages and packs	1 2 3 4 5	1 2 3 4 5	
029 - Pour sterile solutions	1 2 3 4 5	1 2 3 4 5	
030 - Handle sterile equipment	1 2 3 4 5	1 2 3 4 5	
031 - Apply sterile dressings and bandages	1 2 3 4 5	1 2 3 4 5	
032 - Apply sterile gloves	1 2 3 4 5	1 2 3 4 5	

Functional Area II (Continued) - Safety and Comfort

A. Patient Protection

	Frequency	Importance	Other personnel who perform these tasks
033 - Do sterile scrub	1 2 3 4 5	1 2 3 4 5	
034 - Apply sterile gown	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area II (Continued) - Safety and Comfort	Frequency	Importance	Other personnel who perform these tasks
B. Personal Hygiene and General Comfort			
035 - Change soiled linens and clothes	1 2 3 4 5	1 2 3 4 5	
036 - Assist patient with dressing and undressing	1 2 3 4 5	1 2 3 4 5	
037 - Make patient's bed, occupied	1 2 3 4 5	1 2 3 4 5	
038 - Make patient's bed, unoccupied	1 2 3 4 5	1 2 3 4 5	
039 - Give or assist patient with oral hygiene	1 2 3 4 5	1 2 3 4 5	
040 - Give or assist patient to take bath	1 2 3 4 5	1 2 3 4 5	
041 - Give back rubs only	1 2 3 4 5	1 2 3 4 5	
042 - Comb patient's hair	1 2 3 4 5	1 2 3 4 5	
043 - Use of sheepskins, lambswool pads	1 2 3 4 5	1 2 3 4 5	
044 - Give general skin care to patients in restraints	1 2 3 4 5	1 2 3 4 5	
045 - Make patient's recovery, anesthetic bed	1 2 3 4 5	1 2 3 4 5	
046 - Give general skin care to patients with decubitus ulcers	1 2 3 4 5	1 2 3 4 5	
047 - Use footboards	1 2 3 4 5	1 2 3 4 5	
048 - Give general skin care to patients in casts	1 2 3 4 5	1 2 3 4 5	
049 - Give general skin care to comatose or semicomatose patients	1 2 3 4 5	1 2 3 4 5	
050 - Care for or assist patient to care for toenails and fingernails	1 2 3 4 5	1 2 3 4 5	

Functional Area II (Continued) - Safety and Comfort	Frequency	Importance	Other personnel who perform these tasks
B. Personal Hygiene General Comfort			
051 - Use air rings, doughnuts	1 2 3 4 5	1 2 3 4 5	
052 - Use overbed cradles	1 2 3 4 5	1 2 3 4 5	
053 - Assist with and/or shave male patients	1 2 3 4 5	1 2 3 4 5	
054 - Use trochanter rolls, sandbags	1 2 3 4 5	1 2 3 4 5	
055 - Alternate pressure mattresses	1 2 3 4 5	1 2 3 4 5	
056 - Give/or assist patient in shampoo	1 2 3 4 5	1 2 3 4 5	
057 - Give general skin care to patients in traction	1 2 3 4 5	1 2 3 4 5	
058 - Paddle casts	1 2 3 4 5	1 2 3 4 5	
059 - Protection of casts when patient is incontinent and/or using bedpan	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area II (Continued) - Safety and Comfort	Frequency	Importance	Other personnel who perform these tasks
C. Patient Need for Movement			
060 - Assist patient to get in and out of bed	1 2 3 4 5	1 2 3 4 5	
061 - Turn patient	1 2 3 4 5	1 2 3 4 5	
062 - Assist patient to transfer from bed to chair	1 2 3 4 5	1 2 3 4 5	
063 - Assist patient in walking	1 2 3 4 5	1 2 3 4 5	
064 -Place patient in correct body alignment	1 2 3 4 5	1 2 3 4 5	
065 - Transport patient in wheelchair	1 2 3 4 5	1 2 3 4 5	
066 - Assist patient to dangle	1 2 3 4 5	1 2 3 4 5	
067 - Transport patient on stretcher	1 2 3 4 5	1 2 3 4 5	
068 - Set up and maintain traction	1 2 3 4 5	1 2 3 4 5	
069 - Apply and remove braces	1 2 3 4 5	1 2 3 4 5	
070 - Use mechanical devices (Hoyer lift) to move patient	1 2 3 4 5	1 2 3 4 5	
071 - Assist patient following radical mastectomy	1 2 3 4 5	1 2 3 4 5	
072 - Operate Stryker and Foster frames	1 2 3 4 5	1 2 3 4 5	
073 - Operate circle beds	1 2 3 4 5	1 2 3 4 5	
074 - Assist patient in Buerger's exercise	1 2 3 4 5	1 2 3 4 5	
075 - Exercise and range of motion - assisting patients with walkers, wheelchair, crutches and braces	1 2 3 4 5	1 2 3 4 5	
076 - Lifting patients on and off litters	1 2 3 4 5	1 2 3 4 5	

Functional Area II (Continued) - Safety and Comfort	Frequency	Importance	Other personnel who perform these tasks
C. Patient Need for Movement			
077 - Bradford frames	1 2 3 4 5	1 2 3 4 5	
078 - Passive range of motion	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area III - Nutrition and Elimination	Frequency	Importance	Other personnel who perform those tasks
A. Patient Need for Food and Fluids			
079 - Position patient for meals	1 2 3 4 5	1 2 3 4 5	
080 - Prepare & give between-meal nourishment of liquids, e.g., water, juice, coffee	1 2 3 4 5	1 2 3 4 5	
081 - Prepare food so patient may assist self	1 2 3 4 5	1 2 3 4 5	
082 - Observe, measure, and record food and fluid intake	1 2 3 4 5	1 2 3 4 5	
083 - Collect food trays	1 2 3 4 5	1 2 3 4 5	
084 - Serve food trays	1 2 3 4 5	1 2 3 4 5	
085 - Prepare and give solid foods, e.g., pudding, crackers, toast	1 2 3 4 5	1 2 3 4 5	
086 - Feed adult patient	1 2 3 4 5	1 2 3 4 5	
087 - Ask patient about cultural, religious, personal preferences for food	1 2 3 4 5	1 2 3 4 5	
088 - Assist infant patient to eat	1 2 3 4 5	1 2 3 4 5	
089 - Put food on trays	1 2 3 4 5	1 2 3 4 5	
090 - Feed patient (children)	1 2 3 4 5	1 2 3 4 5	
091 - Tube feeding: -insertion	1 2 3 4 5	1 2 3 4 5	
092 - -irrigation	1 2 3 4 5	1 2 3 4 5	
093 - -feedings	1 2 3 4 5	1 2 3 4 5	
094 - Meal preparation - special diets	1 2 3 4 5	1 2 3 4 5	
095 - Preparing snacks or drink from nourishment station	1 2 3 4 5	1 2 3 4 5	

Functional Area III - (Continued) - Nutrition and Elimination	Frequency	Importance	Other personnel who perform these tasks
A. **Patient Need for Food and Fluids**			
096 - Observe and measure intake, including IV intake	1 2 3 4 5	1 2 3 4 5	
097 - Discontinue intravenous fluids	1 2 3 4 5	1 2 3 4 5	
098 - Administer nasogastric	1 2 3 4 5	1 2 3 4 5	
099 - Administer gavage	1 2 3 4 5	1 2 3 4 5	
100 - Administer gastrostomy	1 2 3 4 5	1 2 3 4 5	
101 - Cride bladder	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area III (Continued)
- Nutrition
and
Elimination

B. Patient Need for Elimination

	Frequency	Importance
102 - Assist patient in using bedpan	1 2 3 4 5	1 2 3 4 5
103 - Assist patient in going to bathroom	1 2 3 4 5	1 2 3 4 5
104 - Observe, measure, and record output	1 2 3 4 5	1 2 3 4 5
105 - Assist patient in using urinal	1 2 3 4 5	1 2 3 4 5
106 - Assist patient in using bedside commode	1 2 3 4 5	1 2 3 4 5
107 - Elimination observation	1 2 3 4 5	1 2 3 4 5
108 - Observe and measure food output elimination	1 2 3 4 5	1 2 3 4 5
109 - Remove fecal impactions	1 2 3 4 5	1 2 3 4 5

Frequency:
1--rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area III (Continued) - Nutrition and Elimination	Frequency	Importance	Other personnel who perform these tasks
C. Patient Need for Oxygen Transport and Exchange			
110 - Assist patient to turn, cough, deep breathe	1 2 3 4 5	1 2 3 4 5	
111 - Set up and regulate humidifier	[✓ 1] 2 3 4 5	1 2 3 4 5	
112 - Give artificial respiration	1 2 3 4 5	1 2 3 4 5	
113 - Oxygen - mask and nasal cannula: check gauges	1 2 3 4 5	1 2 3 4 5	
114 - Set up tent	1 2 3 4 5	1 2 3 4 5	
115 - Administer oxygen mask	1 2 3 4 5	1 2 3 4 5	
116 - Administer oxygen catheter	1 2 3 4 5	1 2 3 4 5	
117 - Suction patient's throat passage	1 2 3 4 5	1 2 3 4 5	
118 - Suction patient's nose passage	1 2 3 4 5	1 2 3 4 5	
119 - Discontinue blood transfusion	1 2 3 4 5	1 2 3 4 5	
120 - Regulate blood transfusion	1 2 3 4 5	1 2 3 4 5	
121 - Administer oxygen: positive pressure	1 2 3 4 5	1 2 3 4 5	
122 - Assist patient with postural drainage	1 2 3 4 5	1 2 3 4 5	
123 - Suction patient's tracheotomy	1 2 3 4 5	1 2 3 4 5	
124 - Remove and clean inner cannula of tracheotomy	1 2 3 4 5	1 2 3 4 5	
125 - Set up and regulate croupette	1 2 3 4 5	1 2 3 4 5	
126 - Administer oxygen tent	1 2 3 4 5	1 2 3 4 5	

Functional Area IV - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who performs these tasks
A. Treatments and Procedures			
127 - Empty drainage bottles and bags	1 2 3 4 5	1 2 3 4 5	
128 - Check and maintain drainage tubing without suction, e.g., urinary, catheters, T-tube	1 2 3 4 5	1 2 3 4 5	
129 - Collection of specimens	1 2 3 4 5	1 2 3 4 5	
130 - Irrigate rectum (enema)	1 2 3 4 5	1 2 3 4 5	
131 - Assist with and/or apply ace bandages and elastic stockings	1 2 3 4 5	1 2 3 4 5	
132 - Assist with and/or apply non-sterile dressing T, straight, scultetus, breast & triangular (sling) binders	1 2 3 4 5	1 2 3 4 5	
133 - Assist with and/or apply non-sterile dressing roller bandages	1 2 3 4 5	1 2 3 4 5	
134 - Assist with and/or apply splints	1 2 3 4 5	1 2 3 4 5	
135 - Apply defibrillator	1 2 3 4 5	1 2 3 4 5	
136 - Artificial respiration	1 2 3 4 5	1 2 3 4 5	
137 - Enterostomy care: -colostomy	1 2 3 4 5	1 2 3 4 5	
138 - -sigmoidoscopy	1 2 3 4 5	1 2 3 4 5	
139 - -illiostomy	1 2 3 4 5	1 2 3 4 5	
140 - Basic catheter care: -French insertion	1 2 3 4 5	1 2 3 4 5	
141 - -Foley insertion	1 2 3 4 5	1 2 3 4 5	
142 - -irrigation	1 2 3 4 5	1 2 3 4 5	
143 - -irrigation with installation	1 2 3 4 5	1 2 3 4 5	
144 - -external applicatien	1 2 3 4 5	1 2 3 4 5	
145 - Non-medical suppository	1 2 3 4 5	1 2 3 4 5	

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
A. Treatments and Procedures			
146 - Soaks and simple dressing changes	1 2 3 4 5	1 2 3 4 5	
147 - Giving cleansing treatments: enemas, douches	1 2 3 4 5	1 2 3 4 5	
148 - Caring for wounds: dressing, irrigating, changing dressings	1 2 3 4 5	1 2 3 4 5	
149 - Perenneal care	1 2 3 4 5	1 2 3 4 5	
150 - Irrigations: -eye	1 2 3 4 5	1 2 3 4 5	
151 - -ear	1 2 3 4 5	1 2 3 4 5	
152 - -nose	1 2 3 4 5	1 2 3 4 5	
153 - Tracheotomy care	1 2 3 4 5	1 2 3 4 5	
154 - Tracheal suction	1 2 3 4 5	1 2 3 4 5	
155 - Decubitis care	1 2 3 4 5	1 2 3 4 5	
156 - Washing and dressing lacerations	1 2 3 4 5	1 2 3 4 5	
157 - General cast care	1 2 3 4 5	1 2 3 4 5	
158 - Post mortem care	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
B. Application of Heat, Cold Medicated and Therapeutic Agents			
159 - Apply ice bags	1 2 3 4 5	1 2 3 4 5	
160 - Apply heating pads	1 2 3 4 5	1 2 3 4 5	
161 - Administer Sitz bath	1 2 3 4 5	1 2 3 4 5	
162 - Apply hot water bottle	1 2 3 4 5	1 2 3 4 5	
163 - Apply thermal blanket	1 2 3 4 5	1 2 3 4 5	
164 - Administer tepid baths	1 2 3 4 5	1 2 3 4 5	
165 - Apply heat cradles	1 2 3 4 5	1 2 3 4 5	
166 - Administer alcohol baths	1 2 3 4 5	1 2 3 4 5	
167 - Apply infra-red bath	1 2 3 4 5	1 2 3 4 5	
168 - Apply medicated bath	1 2 3 4 5	1 2 3 4 5	
169 - Apply ultraviolet lamps	1 2 3 4 5	1 2 3 4 5	
170 - Temperature reduction sponge	1 2 3 4 5	1 2 3 4 5	
171 - Apply cold packs	1 2 3 4 5	1 2 3 4 5	
172 - Apply hot packs	1 2 3 4 5	1 2 3 4 5	
173 - Apply cold compresses	1 2 3 4 5	1 2 3 4 5	
174 - Apply hot compresses	1 2 3 4 5	1 2 3 4 5	
175 - Administer cold soaks	1 2 3 4 5	1 2 3 4 5	
176 - Administer hot soaks	1 2 3 4 5	1 2 3 4 5	
177 - Apply medicated compresses	1 2 3 4 5	1 2 3 4 5	
178 - Apply medicated packs	1 2 3 4 5	1 2 3 4 5	
179 - Administer medicated soaks	1 2 3 4 5	1 2 3 4 5	
180 - Connect catheters and tubing to drainage	1 2 3 4 5	1 2 3 4 5	

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
B. Application of Heat, Cold Medicated and Therapeutic Agents			
181 - Position and hold patient for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	
182 - Set up equipment for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	
183 - Screen and drape patient for rectal, vaginal or proctoscopic	1 2 3 4 5	1 2 3 4 5	
184 - Assist physician with equipment for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	
185 - Check and maintain drainage tubing with suction, e.g., chest gastric	1 2 3 4 5	1 2 3 4 5	
186 - Insert urinary catheters	1 2 3 4 5	1 2 3 4 5	
187 - Irrigate bladder	1 2 3 4 5	1 2 3 4 5	
188 - Instill solutions into eye, ear, nose	1 2 3 4 5	1 2 3 4 5	
189 - Instill solutions into bladder	1 2 3 4 5	1 2 3 4 5	
190 - Irrigate wound	1 2 3 4 5	1 2 3 4 5	
191 - Instill solutions into wound	1 2 3 4 5	1 2 3 4 5	
192 - Vaginal (douche)	1 2 3 4 5	1 2 3 4 5	
193 - Irrigate eye, ear, throat	1 2 3 4 5	1 2 3 4 5	
194 - Apply tourniquet	1 2 3 4 5	1 2 3 4 5	
195 - Instill solutions into vagina	1 2 3 4 5	1 2 3 4 5	
196 - Irrigate colostomy	1 2 3 4 5	1 2 3 4 5	
197 - Irrigate stomach	1 2 3 4 5	1 2 3 4 5	
198 - Instill solutions into stomach	1 2 3 4 5	1 2 3 4 5	

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
B. Application of Heat, Cold Medicated and Therapeutic Agents			
199 - Assist with somatic therapies, e.g., insulin shock treatments, electroconvulsive treatments	1 2 3 4 5	1 2 3 4 5	
200 - Intravenous therapy, i.e., adjust I.V., hourly readings	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
C. Medications			
201 - Give oral medications	1 2 3 4 5	1 2 3 4 5	
202 - Prepare injections	1 2 3 4 5	1 2 3 4 5	
203 - Give intra-muscular medication	1 2 3 4 5	1 2 3 4 5	
204 - Give rectal medications	1 2 3 4 5	1 2 3 4 5	
205 - Give inhalation medications	1 2 3 4 5	1 2 3 4 5	
206 - Assist in self-administered medications	1 2 3 4 5	1 2 3 4 5	
207 - Prepare medications	1 2 3 4 5	1 2 3 4 5	
208 - Administration of medications (pouring and passing out)	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued)
- Treatments, Procedures, Medications, and Diagnostic Activities

D. Diagnostic Activities

	Frequency	Importance	Other personnel who perform these tasks
209 - Count respirations	1 2 3 4 5	1 2 3 4 5	
210 - Count pulse at pressure points (radial)	1 2 3 4 5	1 2 3 4 5	
211 - Take oral temperature	1 2 3 4 5	1 2 3 4 5	
212 - Collect urine specimen	1 2 3 4 5	1 2 3 4 5	
213 - Application of a pediatric urine collector	1 2 3 4 5	1 2 3 4 5	
214 - Take rectal temperature	1 2 3 4 5	1 2 3 4 5	
215 - Test urine for sugar and acetone	1 2 3 4 5	1 2 3 4 5	
216 - Collect stool specimen	1 2 3 4 5	1 2 3 4 5	
217 - Collect sputum specimen	1 2 3 4 5	1 2 3 4 5	
218 - Do routine urinalysis	1 2 3 4 5	1 2 3 4 5	
219 - Take temperature: axillary	1 2 3 4 5	1 2 3 4 5	
220 - Collect gastric specimen	1 2 3 4 5	1 2 3 4 5	
221 - Assist with and/or take x-rays	1 2 3 4 5	1 2 3 4 5	
222 - Assist and and/or take electrocardiograms	1 2 3 4 5	1 2 3 4 5	
223 - Draw sample of blood	1 2 3 4 5	1 2 3 4 5	
224 - Doing cervical smears	1 2 3 4 5	1 2 3 4 5	
225 - Doing venereal disease smears	1 2 3 4 5	1 2 3 4 5	
226 - Blood pressure	1 2 3 4 5	1 2 3 4 5	
227 - Clinitest	1 2 3 4 5	1 2 3 4 5	
228 - Acitest	1 2 3 4 5	1 2 3 4 5	
229 - Assist in pre and post operative care	1 2 3 4 5	1 2 3 4 5	

Functional Area IV (Continued) - Treatments, Procedures, Medications, and Diagnostic Activities	Frequency	Importance	Other personnel who perform these tasks
D. Diagnostic Activities			
230 - Surgical prep	1 2 3 4 5	1 2 3 4 5	
231 - Count pulse: apical	1 2 3 4 5	1 2 3 4 5	
232 - Count fetal heart tones	1 2 3 4 5	1 2 3 4 5	
233 - Do nose and throat cultures	1 2 3 4 5	1 2 3 4 5	
234 - Do wound cultures	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area V - Observation and Communication	Frequency	Importance	Other personnel who perform these tasks
A. Observation, Analysis, Interpretation			
235 - Observe objective signs and symptons of illness, disorder, body malfunctions, e.g., skin rashes, swelling, bleeding	1 2 3 4 5	1 2 3 4 5	
236 - Observe patient's general physical condition, e.g., color of skin and mucous membrances, condition of skin, eyes	1 2 3 4 5	1 2 3 4 5	
237 - Observe general emotional condition, e.g., facial expression, expression of eyes, posture, quality of voice, consciousness	1 2 3 4 5	1 2 3 4 5	
238 - Observe positive physical and emotional responses to treatments, medications, nursing care, e.g., decreased bleeding	1 2 3 4 5	1 2 3 4 5	
239 - Observe general behavior, e.g., conversation; interactions with family, personnel, patients; eating habits; biting nails	1 2 3 4 5	1 2 3 4 5	
240 - Observe negative physical and emotional responses to treatments, medications, nursing care, e.g., decreased communication	1 2 3 4 5	1 2 3 4 5	
241 - Observe patient's general appearance, e.g., dress, condition of clothing, presence or absence of body odors, use of makeup	1 2 3 4 5	1 2 3 4 5	
242 - Make plan for patient care, e.g., identify problem or need, secure information about need or problem	1 2 3 4 5	1 2 3 4 5	
243 - Identify strengths, weaknesses in patient care	1 2 3 4 5	1 2 3 4 5	

Functional Area V - Observation and Communication	Frequency	Importance	Other personnel who perform these tasks
A. Observation, Analysis, Interpretation			
244 - Seek guidance to understand and improve performance in patient care	1 2 3 4 5	1 2 3 4 5	
245 - Observing & reporting to supervisor or physician on patient's condition, reaction to drugs, treatments, IV's significant incidents	1 2 3 4 5	1 2 3 4 5	
246 - Recommending or arranging for consultation with medical specialists, social service, psychiatry, etc.	1 2 3 4 5	1 2 3 4 5	
247 - Assigning and coordinating nursing activities, including making out daily assignment sheet	1 2 3 4 5	1 2 3 4 5	
248 - Evaluating quality of care	1 2 3 4 5	1 2 3 4 5	
249 - Observing nursing care and visiting patients regularly to ensure proper nursing care	1 2 3 4 5	1 2 3 4 5	
250 - Identify patient needs and/or problems, e.g., food, oxygen, affection, recognition	1 2 3 4 5	1 2 3 4 5	
251 - Identify approaches and/or solutions for needs and/or problems, e.g., change patient's position, praise for efforts	1 2 3 4 5	1 2 3 4 5	
252 - Interpret patient's signs, symptoms, behavior, e.g., increase in jaundice, pacing of floor	1 2 3 4 5	1 2 3 4 5	

Functional Area V - (Continued) - Observation and Communication	Frequency	Importance	Other personnel who perform these tasks
B. Oral and Written Communication			
253 - Record output--drainage, urine, bowel movements	1 2 3 4 5	1 2 3 4 5	
254 - Record nursing care	1 2 3 4 5	1 2 3 4 5	
255 - Record temperature, pulse, respiration, blood pressure	1 2 3 4 5	1 2 3 4 5	
256 - Read and obtain information from charts	1 2 3 4 5	1 2 3 4 5	
257 - Record intake--oral liquids and solids, parenteral	1 2 3 4 5	1 2 3 4 5	
258 - Talk with patient	1 2 3 4 5	1 2 3 4 5	
259 - Record observations of behavior, responses to therapy and care	1 2 3 4 5	1 2 3 4 5	
260 - Obtain information from patient	1 2 3 4 5	1 2 3 4 5	
261 - Obtain guidance from head nurse	1 2 3 4 5	1 2 3 4 5	
262 - Record tests, treatments, procedures	1 2 3 4 5	1 2 3 4 5	
263 - Talk with personnel	1 2 3 4 5	1 2 3 4 5	
264 - Obtain information from personnel	1 2 3 4 5	1 2 3 4 5	
265 - Record height, weight	1 2 3 4 5	1 2 3 4 5	
266 - Talk with family	1 2 3 4 5	1 2 3 4 5	
267 - Give information to patient	1 2 3 4 5	1 2 3 4 5	
268 - Attend unit report	1 2 3 4 5	1 2 3 4 5	
269 - Orient patient, family to hospital, e.g., routines, regulations, physical facilities, personnel	1 2 3 4 5	1 2 3 4 5	
270 - Give information to personnel	1 2 3 4 5	1 2 3 4 5	

Functional Area V - (Continued) - Observation and Communication	Frequency	Importance	Other personnel who perform these tasks
B. Oral and Written Communication			
271 - Obtain information from family	1 2 3 4 5	1 2 3 4 5	
272 - Talk with team leader to obtain guidance	1 2 3 4 5	1 2 3 4 5	
273 - Talk with supervisor to obtain guidance	1 2 3 4 5	1 2 3 4 5	
274 - Record physician's orders	1 2 3 4 5	1 2 3 4 5	
275 - Checking & posting orders in MD order books	1 2 3 4 5	1 2 3 4 5	
276 - Write reports on patient's condition	1 2 3 4 5	1 2 3 4 5	
277 - Teach patient, family, personnel general hygiene in relation to prevention of illness and promotion of health	1 2 3 4 5	1 2 3 4 5	
278 - Give information to family	1 2 3 4 5	1 2 3 4 5	
279 - Talk with health team to obtain information	1 2 3 4 5	1 2 3 4 5	
280 - Talk with health team (no judgment)	1 2 3 4 5	1 2 3 4 5	
281 - Teach patient, family, personnel prevention of accidents	1 2 3 4 5	1 2 3 4 5	
282 - Give information to health team	1 2 3 4 5	1 2 3 4 5	
283 - Teach patient, family, personnel in relation to rehabilitation activities of daily living	1 2 3 4 5	1 2 3 4 5	
284 - Read and obtain information on patient's condition from procedure books	1 2 3 4 5	1 2 3 4 5	
285 - Write report on patient census	1 2 3 4 5	1 2 3 4 5	
286 - Attend nursing care conferences	1 2 3 4 5	1 2 3 4 5	

Functional Area V - (Continued)
- Observation and Communication

B. Oral and Written Communication

	Frequency	Importance
287 - Write reports on accidents, incidents	1 2 3 4 5	1 2 3 4 5
288 - Teach patient, family, personnel in relation to prevention of cancer	1 2 3 4 5	1 2 3 4 5
289 - Attend demonstrations of procedures and equipment	1 2 3 4 5	1 2 3 4 5
290 - Stamping lab slips and requisition, making necessary arrangements for x-rays and lab work	1 2 3 4 5	1 2 3 4 5
291 - Checking off diet manual each shift	1 2 3 4 5	1 2 3 4 5
292 - Giving change-of-shift report	1 2 3 4 5	1 2 3 4 5
293 - Teach patient, family, personnel in relation to objective of nursing care of current illness, convalescence	1 2 3 4 5	1 2 3 4 5
294 - Teach patient, family, personnel in skin care	1 2 3 4 5	1 2 3 4 5
295 - Teach patient, family,personnel physician's plan of care	1 2 3 4 5	1 2 3 4 5
296 - Teach patient, family, personnel in the prevention of infection	1 2 3 4 5	1 2 3 4 5
297 - Teach patient, family, personnel in relation to body alignment	1 2 3 4 5	1 2 3 4 5
298 - Teach patient, family, personnel exercise ambulation	1 2 3 4 5	1 2 3 4 5
299 - Read and obtain information on patient's condition and care from reference books (nursing)	1 2 3 4 5	1 2 3 4 5
300 - Teach patient, family, personnel in nutrition	1 2 3 4 5	1 2 3 4 5

Functional Area V - (Continued) - Observation and Communication	Frequency	Importance	Other personnel who perform these tasks
B. Oral and Written Communication			
301 - Teach patient, family, personnel in care of equipment	1 2 3 4 5	1 2 3 4 5	
302 - Teach patient, family, personnel in relation to treatments	1 2 3 4 5	1 2 3 4 5	
303 - Teach patient, family, personnel in relation to medications	1 2 3 4 5	1 2 3 4 5	
304 - Teach patient, family, personnel in relation to bowel and bladder training	1 2 3 4 5	1 2 3 4 5	
305 - Teach patient, family, personnel in relation to physical examination	1 2 3 4 5	1 2 3 4 5	
306 - Read and obtain information on patient from dietary manuals	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area VI - Administration, Coordination, and Housekeeping	Frequency	Importance	Other personnel who perform these tasks
A. Administration and Coordination			
307 - Assist team members in giving nursing care	1 2 3 4 5	1 2 3 4 5	
308 - Deliver specimens to laboratory	1 2 3 4 5	1 2 3 4 5	
309 - Check working order of equipment	1 2 3 4 5	1 2 3 4 5	
310 - Deliver requisitions, credits, charges to other departments	1 2 3 4 5	1 2 3 4 5	
311 - Inventory emergency supplies, equipment, drugs	1 2 3 4 5	1 2 3 4 5	
312 - Take inventory of unit linen	1 2 3 4 5	1 2 3 4 5	
313 - Make recommendations for service or referral	1 2 3 4 5	1 2 3 4 5	
314 - Doing departmental errands, going to orthopedic department, Central Supply, laundry, IBM or records office, or operating room to help bring back a patient	1 2 3 4 5	1 2 3 4 5	
315 - Regularly inspecting rooms and wards for cleanliness and comfort	1 2 3 4 5	1 2 3 4 5	
316 - Investigating and adjusting complaints	1 2 3 4 5	1 2 3 4 5	
317 - Supervising preparation and maintenance of patient's clinical records	1 2 3 4 5	1 2 3 4 5	
318 - Admitting patient: completing clothes list or valuables list, getting patient settled in bed, notifying intern	1 2 3 4 5	1 2 3 4 5	
319 - Discharging patient: returning clothes and valuables, accompanying patient from floor	1 2 3 4 5	1 2 3 4 5	
320 - Giving information or directions to patients or visitors, or directing them to the correct source of information	1 2 3 4 5	1 2 3 4 5	

Functional Area VI - (Continued) Administration, Coordination, and Housekeeping

A. Administration and Coordination

	Frequency	Importance	Other personnel who perform these tasks
321 - Counting narcotics and barbituates at the change of each shift	1 2 3 4 5	1 2 3 4 5	
322 - Ordering drugs from pharmacy: receiving and putting away drugs	1 2 3 4 5	1 2 3 4 5	
323 - Teaching supervisory duties	1 2 3 4 5	1 2 3 4 5	
324 - Accompanying physicians on rounds to patients	1 2 3 4 5	1 2 3 4 5	
325 - Assisting physicians on rounds to patients	1 2 3 4 5	1 2 3 4 5	
326 - Inventory of unit supplies of dressings, tape	1 2 3 4 5	1 2 3 4 5	
327 - Inventory of unit disposable and non-disposable equipment	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area VI - (Continued) Administration, Coordination, and Housekeeping	Frequency	Importance	Other personnel who perform these tasks
B. Housekeeping			
328 - Distribute supplies and equipment to patient's room, e.g., linen, thermometers, dressings, footboards	1 2 3 4 5	1 2 3 4 5	
329 - Clean equipment and utensils, glassware, e.g., suction machine, wash basins, water glasses, pitchers	1 2 3 4 5	1 2 3 4 5	
330 - Clean service areas on unit, e.g., service room, treatment room, utility room, kitchen	1 2 3 4 5	1 2 3 4 5	
331 - Obtain and deliver supplies and equipment, e.g., sheepskins, hot water bottles, suction machines, utensils	1 2 3 4 5	1 2 3 4 5	
332 - Clean patient's unit furniture	1 2 3 4 5	1 2 3 4 5	
333 - Stock equipment and supplies, e.g., utensils, paper goods, linen, disposable materials	1 2 3 4 5	1 2 3 4 5	
334 - Care for flowers, e.g., arrange and distribute	1 2 3 4 5	1 2 3 4 5	
335 - Clean patient's unit room	1 2 3 4 5	1 2 3 4 5	
336 - Assemble patient linen packs	1 2 3 4 5	1 2 3 4 5	
337 - Sterilize equipment and supplies in autoclave, e.g., surgical instruments, linen packs	1 2 3 4 5	1 2 3 4 5	
338 - Sterilize equipment by boiling water or placing in solutions, e.g., surgical instruments	1 2 3 4 5	1 2 3 4 5	
339 - Clean patient's unit bathroom	1 2 3 4 5	1 2 3 4 5	
340 - Assemble surgical or obstetrical packs, e.g., linen packs, instrument packs	1 2 3 4 5	1 2 3 4 5	

Functional Area VI - (Continued) Administration, Coordination, and Housekeeping	Frequency	Importance	Other personnel who perform these tasks
B. Housekeeping			
341 - Care of sickroom equipment	1 2 3 4 5	1 2 3 4 5	
342 - Light housekeeping	1 2 3 4 5	1 2 3 4 5	
343 - Plan, purchase, prepare meals, laundry, care of belongings	1 2 3 4 5	1 2 3 4 5	
344 - Straightening up and cleaning: patient's immediate furniture, nurses' station, utility rooms, nourishment center and litters	1 2 3 4 5	1 2 3 4 5	
345 - Washing or soaking used equipment and supplies, putting them on the cart to be returned to Central Supply	1 2 3 4 5	1 2 3 4 5	
346 - Putting away supplies, instruments and equipment	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

EMPLOYER SURVEY

HOMEMAKERS®
724 - 14th Street, N.W.
Room 201
Washington, D.C. 20005
Ph. (202) 638-6874

INVENTORY OF TASKS

Performed by

-- Licensed Practical Nurses

-- Nurse Aides

-- Homemaker - Home Health Aides

-- Orderlies

in all patient care settings in the Metropolitan Washington Area

Please complete and return this document by to:

Mr. T. J. Gilligan
Project Coordinator

Homemakers Inc.
724 14th St., N. W.
Washington, D.C. 20005

TO ENSURE THE CONFIDENTIALITY OF YOUR RESPONSE, A HOMEMAKERS R ENVELOPE HAS BEEN PROVIDED. WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE, PLEASE PLACE IT IN THE ENVELOPE AND SEAL THE ENVELOPE. HOMEMAKERS WILL PICK UP THE SEALED RESPONSES FROM YOUR OFFICE.

®SM Service marks of Homemakers, Inc. and The Upjohn Company

INSTRUCTIONS

This inventory of tasks is designed to represent 100% of the tasks performed by nursing personnel at the LPN and paraprofessional level. It is not expected that any one person will perform all of these tasks. Homemakers^{R} realizes that in some patient care settings (nursing homes, home health agencies) personnel will not be called upon to perform some of these listed tasks.

The purpose of this form is to provide participating organizations with an opportunity to indicate the tasks which they expect the studied job titles to perform. The response should reflect what the employer expects of all personnel in that job title, not just those employees selected to fill out the surveys. Should a task which is performed, not appear on this list please list it at the end of the inventory.

FREQUENCY: Under "Frequency" circle the number (eg. 1 2 3 4 5) which most nearly describes how often the task in question might be performed by each of the personnel. PLEASE RATE EACH GROUP OF PERSONNEL SEPARATELY.

1 --- rarely perform the task more than 3 or 4 times a year
2 --- perform the task at least monthly
3 --- perform the task at least weekly
4 --- perform the task daily
5 --- perform the task repeatedly daily

IMPORTANCE: For those tasks performed under "Importance," circle the number which most nearly indicate the importance of the task relative to the other tasks performed by these personnel.

1 --- of minimal importance
2 --- of slight importance
3 --- important
4 --- very important
5 --- of maximum importance

In deciding the relative importance use your own judgment and your own criteria.

The "Frequency" and "Importance" ratings will be used as weighting factors when we develop the "core"curriculum, SO PLEASE MARK THE SURVEY FORM AS ACCURATELY AS YOU CAN.

Other Personnel Who Perform These Tasks:

In this space list those types of personnel (eg. EKG) tech, Dr.) other than Orderly, Nurse Aide, LPN, and Home Health Aide, who perform this task.

In listing these personnel, please use the following abbreviations:

Registered Nurse	RN
Licensed Practical Nurse	LPN
Nurse Aide	NA
Orderly	Ord
Surgical Technician	ST
Psychiatric Aide	PA
Neighborhood Health Worker	NHW
X-ray Technician	XT
EKG Technician	EKG Tech
Inhalation Therapist	IT
Doctor	DR.
Ward Secretary	WS

DEFINITION OF TERMS:

The definitions listed below are designed to be as broad as possible. The purpose is to screen as many types of personnel into consideration as possible, so that when the core curriculum is developed it will have as wide an applicability as possible. Therefore, when deciding which personnel to include be governed by the definition rather than the terminology. For example, when deciding whether a "psychiatric aide" should be included under "nurse aide" be governed by whether they "... assist Registered and/or licensed practical nurses in performing the less skilled tasks in the care of patients."

Licensed Practical Nurse(LPN), also known as

Licensed Vocational Nurse(LVN): Provides nursing care and treatment of patients under the supervision of a licensed physician or Registered Nurse. LPN's must have graduated from a state approved school and be licensed by the State.

Nurse Aides: Usually women; assist Registered and Licensed Practical Nurses in performing the less skilled tasks in the care of patients. (Include Nursing Assistants in this category)

Orderlies: Usually men; assist by performing a variety of duties for male patients and certain heavy duties in the care of the physically ill, mentally ill, and the mentally retarded.

Homemaker - Home Health Aide: Is an unlicensed person who provides, under the supervision and direction of a registered nurse, a broad range of nursing services to the patient in the patient's home. These may or may not be in addition to Homemaker duties.

FOR ADMINISTRATORS AND/OR SUPERVISORS

NAME OF ORGANIZATION: ______________________

ADDRESS: ______________________

____

____

TEL. NO. (____)- ____ ____
AC

This form is filled out by

Name: ______________________

Title: ______________________

Further contact with our facility with regard to this survey should be directed to

Name: ______________________

Title: ______________________

This organization employs:

____ Licensed Practical Nurses

____ Nurses Aides (Nursing Assistants)

____ Orderlies

____ Homemaker-Home Health Aides (Home Health Aides)

The individual questionnaire has been filled out by

____ Licensed Practical Nurses

____ Nurses Aides (nursing Assistants)

____ Orderlies

____ Homemaker-Home Health Aides (Home Health Aides)

Functional Area I - Diversional, Therapeutic, and Assistance Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
001 - Receive and deliver messages and/or mail to patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
002 - Obtain and deliver items for patient's personal use	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
003 - Assist in placing telephone calls	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
004 - Obtain and deliver supplies for patient's entertainment or recreation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
005 - Assist and/or participate in recreational activities	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
006 - Read to patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
007 - Assist in writing letters and messages	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
008 - Assist and/or participate in occupational activities with patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
009 - Assist patient in observing religious dietary restrictions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
010 - Prepare patient to see clergy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency - 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers® Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area I - (Continued)
Diversional,
Therapeutic,
and Assistance
Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
011 - Prepare patient to receive sacrements	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
012 - Assist patient in religious rites	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
013 - Participate, assist in administration of sacraments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area II - Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Patient Protection									
014 - Adjust side rails	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
015 - Adjust height of bed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
016 - Wash hands	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
017 - Explain and apply smoking regulations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
018 - Use precautions in administering and handling drugs, etc.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
019 - Apply restraints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
020 - Dispose of contaminated materials and equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
021 - Take into and remove equipment and supplies from contaminated room	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
022 - Apply and remove gown and mask	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
023 - Prepare accident and safety reports	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area II - (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency		
A. Patient Protection									
024 - Locating and setting up simple equipment: bed fails	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
025 - Footboards	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
026 - Sand bags	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
027 - Heel coverlets	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
028 - Open sterile packages and packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
029 - Pour sterile solutions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
030 - Handle sterile equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
031 - Apply sterile dressings and bandages	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
032 - Apply sterile gloves	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
033 - Do sterile scrub	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
034 - Apply sterile gown	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 5 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area II (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Personal Hygiene and General Comfort									
035 - Change soiled linens and clothes	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
036 - Assist patient with dressing and undressing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
037 - Make patient's bed, occupied	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
038 - Make patient's bed, unoccupied	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
039 - Give or assist patient with oral hygiene	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
040 - Give or assist patient to take bath	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
041 - Give back rubs only	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
042 - Comb patient's hair	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
043 - Use of sheepskins,lambswool pads	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 5 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area II (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Personal Hygiene and General Comfort									
044 - Give general skin care to patients in restraints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
045 - Make patient's recovery, anesthetic bed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
046 - Give general skin care to patients with decubitus ulcers	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
047 - Use footboards	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
048 - Give general skin care to patients in casts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
049 - Give general skin care to comatose or semicomatose patients 1 patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
050 - Care for or assist patient to care for toenails and fingernails	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
051 - Use air rings, doughnuts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
052 - Use overbed cradles	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 5 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area II (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Personal Hygiene and General Comfort									
053 - Assist with and/or shave male patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
054 - Use trochanter rolls, sandbags	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
055 - Alternate pressure mattresses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
056 - Give/or assist patient in shampoo	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
057 - Give general skin care to patients in traction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
058 - Peddle casts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
059 - Protection of casts when patient is incontinent and/or using bedpan	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 5 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area II (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide -		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
C. Patient Need for Movement									
060 - Assist patient to get in and out of bed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
061 - Turn patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
062 - Assist patient to transfer from bed to chair	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
063 - Assist patient in walking	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
064 - Place patient in correct body alignment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
065 - Transport patient in wheelchair	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
066 - Assist patient to dangle	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
067 - Transport patient on stretcher	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
068 - Set up and maintain traction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
069 - Apply and remove braces	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
070 - Use mechanical devices (Hoyer lift) to move patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
071 - Assist patient following radical mastectomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 5 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area II (Continued)
- Safety and Comfort

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
C. Patient Need for Movement									
072 - Operate Stryker and Foster frames	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
073 - Operate circle beds	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
074 - Assist patient in Buerger's exercise	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
075 - Exercise and range of motion - assisting patients with walkers, wheelchair, crutchers and braces	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
076 - Lifting patients on and off litters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
077 - Bradford frames	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
078 - Passive range of motion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area III - Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Patient Need for Food and Fluids									
079 - Position patient for meals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
080 - Prepare and give between-meal nourishment of liquids, e.g., water, juice, coffee	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
081 - Prepare food so patient can assist self	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
082 - Observe, measure, and record food and fluid intake	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
083 - Collect food trays	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
084 - Serve food trays	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
085 - Prepare and give solid foods, e.g., pudding, crackers, toast	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
086 - Feed adult patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
087 - Ask patient about cultural, religious, personal preference for food	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area III - (Continued)
- Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Patient Need for Food and Fluids									
088 - Assist infant patient to eat	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
089 - Put food on trays	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
090 - Feed patient (child)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
091 - Tube feeding: -insertion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
092 -irrigation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
093 -feedings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
094 - Meal preparation - special diets	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
095 - Preparation snacks or drinks from nourishment station	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
096 - Observe and measure intake, including IV intake	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
097 - Discontinue intravenous fluids	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area III - (Continued)
- Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Patient Need for Food and Fluids									
098 - Administer nasogastric	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
099 - Administer gavage	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
100 - Administer gastrostomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
101 - Cride bladder	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area III - (Continued)
- Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Patient Need for Elimination									
102 - Assist patient in using bedpan	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
103 - Assist patient in going to bathroom	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
104 - Observe, measure, and record output	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
105 - Assist patient in using urinal	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
106 - Assist patient in using bedside commode	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
107 - Elimination observation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
108 - Observe and measure food output elimination	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
109 - Remove fecal impactions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area III - (Continued)
- Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
C. Patient Need for Oxygen Transport and Exchange									
110 - Assist patient to turn, cough, deep breathe	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
111 - Set up and regulate humidifier	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
112 - Give artificial respiration	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
113 - Oxygen - mask and nasal cannula: check gauges	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
114 - Set up tent	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
115 - Administer oxygen mask	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
116 - Administer oxygen catheter	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
117 - Suction patient's throat passage	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
118 - Suction patient's nose passage	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area III - (Continued)
- Nutrition
and
Elimination

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
C. Patient Need for Oxygen Transport and Exchange									
119 - Discontinue blood transfusion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
120 - Regulate blood transfusion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
121 - Administer oxygen: positive pressure	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
122 - Assist patient with postural drainage	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
123 - Suction patient's tracheotomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
124 - Remove and clean inner cannula of tracheotomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
125 - Set up and regulate croupette	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
126 - Administer oxygen tent	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV - Treatments,
Procedures,
Medications, and
Diagnostic
Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Treatments and Procedures									
127 - Empty drainage bottles and bags	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
128 - Check and maintain drainage tubing without suction, e.g., urinary, catheters, T-tube	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
129 - Collection of specimens	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
130 - Irrigate rectum (enema)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
131 - Assist with and/or apply ace bandages and elastic stockings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
132 - Assist with and/or apply non-sterile dressing T, straight, scultetus, breast and triangular (sling) binders	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
133 - Assist with and/or apply non-sterile dressing roller bandages	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:- 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV - (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Treatments and Procedures									
134 - Assist with and/or apply splints splints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
135 - Apply defibrillator	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
136 - Artificial respiration-	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
137 - Enterostomy care: -colostomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
138 - -sigmoidoscopy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
139 - -illiostomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
140 - Basic catheter care: -French insertion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
141 - -Foley insertion	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
142 - -irrigation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
143 - -irrigation with installation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV - (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Treatments and Procedures									
144 - -external application	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
145 - Non-medical suppository	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
146 - Soaks and simple dressing changes	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
147 - Giving cleansing treatments: enemas, douches	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
148 - Caring for wounds: dressing, irrigating, changing dressings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
149 - Perenneal care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
150 - Irrigations: -eye	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
151 - -ear	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
152 - -nose	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV - (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Treatments and Procedures									
153 - Tracheotomy care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
154 - Tracheal suction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
155 - Decubitis care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
156 - Washing and dressing lacerations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
157 - General cast care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
158 - Post mortem care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Application of Heat, Cold Medicated and Therapeutic Agents									
159 - Apply ice bags	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
160 - Apply heating pads	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
161 - Administer Sitz bath	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
162 - Apply hot water bottle	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
163 - Apply thermal blanket	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
164 - Administer tepid baths	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
165 - Apply heat cradles	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
166 - Administer alcohol baths	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
167 - Apply infra-red bath	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
168 - Apply medicated bath	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
169 - Apply ultraviolet lamps	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Application of Heat, Cold Medicated and Therapeutic Agents									
170 - Temperature reduction sponge	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
171 - Apply cold packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
172 - Apply hot packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
173 - Apply cold compresses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
174 - Apply hot compresses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
175 - Administer cold soaks	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
176 - Administer hot soaks	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
177 - Apply medicated compresses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
178 - Apply medicated packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
179 - Administer medicated soaks	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Application of Heat, Cold Medicated and Therapeutic Agents									
180 - Connect catheters and tubing to drainage	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
181 - Position and hold patient for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
182 - Set up equipment for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
183 - Screen and drape patient for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
184 - Assist physician with equipment for rectal, vaginal, or proctoscopic	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
185 - Check and maintain drainage tubing with suction, e.g., chest gastric	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
186 - Insert urinary catheters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
187 - Irrigate bladder	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Application of Heat, Cold Medicated and Therapeutic Agents									
188 - Instill solutions into eye, ear, nose	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
189 - Instill solutions into bladder	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
190 - Irrigate wound	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
191 - Instill solutions into wound	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
192 - Vaginal (douche)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
193 - Irrigate eye, ear, throat	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
194 - Apply tourniquet	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
195 - Instill solutions into vagina	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
196 - Irrigate colostomy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
197 - Irrigate stomach	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
198 - Instill solutions into stomach	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Application of Heat, Cold Medicated and Therapeutic Agents									
199 - Assist with somatic therapies, e.g., insulin shock treatments, electroconvulsive treatments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
200 - Intravenous therapy, i.e., adjust I.V., hourly readings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area IV (Continued)
- Treatments,
  Procedures,
  Medications, and
  Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personne who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
C. Medications									
201 - Give oral medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
202 - Prepare injections	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
203 - Give intra-muscular medication	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
204 - Give rectal medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
205 - Give inhalation medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
206 - Assist in self-administered medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
207 - Prepare medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
208 - Administration of medications (pouring and passing out)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
D. Diagnostic Activities									
209 - Count respirations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
210 - Count pulse at pressure points (radial)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
211 - Take oral temperature	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
212 - Collect urine specimen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
213 - Application of a pediatric urine collector	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
214 - Take rectal temperature	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
215 - Test urine for sugar and acetone	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
216 - Collect stool specimen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
217 - Collect sputum specimen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
218 - Do routine urinalysis	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
219 - Take temperature: axillary	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
D. Diagnostic Activities									
220 - Collect gastric specimen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
221 - Assist with and/or take x-rays	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
222 - Assist with and/or take electrocardiograms	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
223 - Draw sample of blood	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
224 - Doing cervical smears	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
225 - Doing venereal disease smears	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
226 - Blood pressure	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
227 - Clinitest	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
228 - Acitest	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
229 - Assist in pre and post operative care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area IV (Continued)
- Treatments,
Procedures,
Medications, and
Diagnostic Activities

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
D. Diagnostic Activities									
230 - Surgical prep	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
231 - Count pulse: asical	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
232 - Count fetal heart tones	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
233 - Do nose and throat cultures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
234 - Do wound cultures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area V - Observation and Communication	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Observation, Analysis, Interpretation									
235 - Observe objective signs and symptoms of illness, disorder, body malfunctions, e.g., skin rashes, swelling, bleeding	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
236 - Observe patient's general physical condition, e.g., color of skin and mucous membrances, condition of skin, eyes	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
237 - Observe general emotional condition, e.g., facial expression, expression of eyes, posture, 2uality of voice, consciousness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
238 - Observe positive physical and emotional responses to treatments, medications, nursing care, e.g., decreased bleeding	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
239 - Observe general behavior, e.g., conversation, interactions with family, personnel, patients; eating habits; biting nails	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
240 - Observe negative physical and emotional responses to treatments, medications, nursing care, e.g., decreased communication									

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area V - (Continued)
-Observation and
Communication

A. Observation, Analysis, Interpretation	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
241 - Observe patient's general appearance, e.g., dress, condition of clothing, presence or absence of body odors, use of makeup	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
242 - Make plan for patient care, e.g., identify problem or need, secure information about need or problem	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
243 - Identify strengths, weaknesses in patient care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
244 - Seek guidance to understand and improve performance in patient care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
245 - Observing and reporting to supervisor or physician on patient's condition, reaction to drugs, treatments, IV's significant incidents	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
246 - Recommending or arranging for consultation with medical specialists, social service, psychiatry, etc.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6274

Functional Area V (Continued)
-Observation and
Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Observation, Analysis, Interpretation									
247 - Assigning and coordinating nursing activities, including making out daily assignment sheet	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
248 - Evaluating quality of care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
249 - Observing nursing care and visiting patients regularly to ensure proper nursing care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
250 - Identify patient needs and/or problems, e.g., food, oxygen, affection, recognition	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
251 - Identify approaches and/or solutions for needs and/or problems, e.g., change patient's position, praise for efforts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
252 - Interpret patient's signs, symptoms, behavior, e.g., increase in jaundice, pacing of floor	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area V (Continued)
-Observation and
Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Oral and Written Communication									
253 - Record output--drainage, urine, bowel movements	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
254 - Record nursing care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
255 - Record temperature, pulse, respiration, blood pressure	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
256 - Read and obtain information from charts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
257 - Record intake--oral liquids and solids, parenteral	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
258 - Talk with patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
259 - Record observations of behavior, responses to therapy and care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
260 - Obtain information from patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
261 - Obtain guidance from head nurse	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
262 - Record tests, treatments, procedures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
263 - Talk with personnel	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area V (Continued)
- Observation and Communication

B. Oral and Written Communication	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
264 - Obtain information from personnel	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
265 - Record height, weight	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
266 - Talk with family	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
267 - Give information to patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
268 - Attend unit report	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
269 - Orient patient, family to hospital, e.g., routines, regulations, physical facilities, personnel	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
270 - Give information to personnel	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
271 - Obtain information from family	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
272 - Talk with team leader to obtain guidance	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
273 - Talk with supervisor to obtain guidance	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
274 - Record physician's orders	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area V (Continued)
- Observation and Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Oral and Written Communication									
275 - Checking and posting orders in MD order books	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
276 - Write reports on patient's condition	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
277 - Teach patient, family, personnel general hygiene in relation to prevention of illness and promotion of health	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
278 - Give information to family	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
279 - Talk with health team to obtain information	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
280 - Talk with health team (no judgment)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
281 - Teach patient, family, personnel prevention of accidents	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
282 - Give information to health team	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
283 - Teach patient, family, personnel in relation to rehabilitation activities of daily living	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Functional Area V (Continued)
- Observation and
Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Oral and Written Communication									
284 - Read and obtain information on patient's condition from procedure books	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
285 - Write report on patient census	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
286 - Attend nursing care conference	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
287 - Write reports on accidents, incidents	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
288 - Teach patient, family, personnel in relation to prevention of cancer	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
289 - Attend demonstrations of procedures and equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
290 - Stamping lab slips and requisition, making necessary arrangements for x-rays and lab work	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
291 - Checking off diet manual each shift	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
292 - Giving change-of-shift report	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area V - (Continued)
- Observation and
Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Oral and Written Communication									
293 - Teach patient, family, personnel in relation to objective of nursing care of current illness, convalescence	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
294 - Teach patient, family, personnel in skin care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
295 - Teach patient, family, personnel physician's plan of care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
296 - Teach patient, family, personnel in the prevention of infection	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
297 - Teach patient, family, personnel in relation to body alignment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
298 - Teach patient, family, personnel exercise ambulation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
299 - Read and obtain information on patient's condition and care from reference books (nursing)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
300 - Teach patient, family, personnel in nutrition	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel. 638-6874

Functional Area V - (Continued)
- Observation and Communication

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Oral and Written Communication									
301 - Teach patient, family, personnel in care of equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
302 - Teach patient, family, personnel in relation to treatments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
303 - Teach patient, family, personnel in relation to medications	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
304 - Teach patient, family, personnel in relation to bowel and bladder training	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
305 - Teach patient, family, personnel in relation to physical examination	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
306 - Read and obtain information on patient from dietary manuals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel. 638-6874

Functional Area VI - Administration,
Coordination,
and Housekeeping

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
Administration and Coordination									
307 - Assist team members in giving nursing care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
308 - Deliver specimens to laboratory	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
309 - Check working order of equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
310 - Deliver requisitions, credits, charges to other departments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
311 - Inventory emergency supplies, equipment, drugs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
312 - Take inventory of unit linen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
313 - Make recommendations for service or referral	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
314 - Doing departmental errands, going to orthopedic department, Central Supply, laundry, IBM or records office, or operating room to help bring back a patient	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
315 - Regularly inspecting rooms and wards for cleanliness and comfort	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area VI - (Continued)
- Administration, Coordination, and Housekeeping

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Administration and Coordination									
316 - Investigating and adjusting complaints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
317 - Supervising preparation and maintenance of patient's clerical records	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
318 - Admitting patient: completing clothes list or valuables' list, getting patient settled in bed, notifying intern	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
319 - Discharging patient: returning clothes and valuables, accompanying patient from floor	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
320 - Giving information or directions to patients or visitors, or directing them to the correct source of information	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
321 - Counting narcotics and barbituates at the change of each shift	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency: 1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance: 1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area VI - (Continued)
- Administration,
Coordination,
and Housekeeping

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
A. Administration and Coordination									
322 - Ordering drugs from pharmacy: receiving and putting away drugs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
323 - Teaching supervisory duties	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
324 - Accompanying physicians on rounds to patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
325 - Assisting physicians on rounds to patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
326 - Inventory of unit supplies of dressings, tape	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
327 - Inventory of unit disposable and non-disposable equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area VI - (Continued)
- Administration,
Coordination,
and Housekeeping

B. Housekeeping	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
328 - Distribute supplies and equipment to patient's room, e.g., linen, thermometers, dressings, footboards	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
329 - Clean equipment and utensils, glassware, e.g., suction machine, wash basins, water glasses, pitchers	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
330 - Clean service areas on unit, e.g., service room, treatment room, utility room, kitchen	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
331 - Obtain and deliver supplies and equipment, e.g., sheepskins, hot water bottles, suction machines, utensils	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
332 - Clean patient's unit furniture	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
333 - Stock equipment and supplies, e.g., utensils, paper goods, linen, disposable materials	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
334 - Care for flowers, e.g., arrange and distribute	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area VI - (Continued)
- Administration,
Coordination,
and Housekeeping

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Housekeeping									
335 - Clean patient's unit room	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
336 - Assemble patient linen packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
337 - Sterilize equipment and supplies in autoclave, e.g., surgical instruments, linen packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
338 - Sterilize equipment by boiling water or placing in solutions, e.g., surgical instruments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
339 - Clean patient's unit bathroom	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
340 - Assemble surgical or obstetrical packs, e.g., linen packs, instrument packs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
341 - Care of sickroom equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
342 - Light housekeeping	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
343 - Plan, purchase, prepare meals, laundry, care of belongings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

Homemakers Inc., 724 14th St., N.W., Washington, D.C. 20005 Tel.: 638-6874

Functional Area VI - (Continued)
- Administration,
Coordination,
and Housekeeping

	Homemaker - Home Health Aide		Nurse Aide		Orderly		Licensed Practical Nurse		Other personnel who perform this task
	Frequency	Importance	Frequency	Importance	Frequency	Importance	Frequency	Importance	
B. Housekeeping									
344 - Straightening up and cleaning: patient's immediate furniture, nurses' station, utility rooms, nourishment center and litters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
345 - Washing or soaking used equipment and supplies, putting them on the cart to be returned to Central Supply	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
346 - Putting away supplies, instruments and equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Frequency:
1---rarely perform the task more than 3 or 4 times a year
2---perform the task at least monthly
3---perform the task at least weekly
4---perform the task daily
5---perform the task repeatedly daily

Importance:
1---of minimal importance
2---of slight importance
3---important
4---very important
5---of maximum importance

```
HOMEMAKERS EMPLOYEE SURVEY                                                          4-SEP-73       PAGE    4

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * *
    UNTCARHP   UNIT OF CARE IN HOSPITAL                         BY  JOBTITLE  JOB TITLE
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                   JOBTITLE
              COUNT  I
            TOT PCT  INURSE AI ORDERLY  LPN      HOME HEA   ROW
                     ID                           LTH AID   TOTAL
                     I     1,0I     2,0I     3,0I     4,0I
UNTCARHP    --------I--------I--------I--------I--------I
                1,0  I    29  I     0  I    24  I     0  I    53
   MEDICINE          I   17,0 I   0,0  I  14,0  I   0,0  I  31,0
                    -I--------I--------I--------I--------I
                2,0  I    33  I     0  I    14  I     0  I    47
   SURGERY           I   19,3 I   0,0  I   8,2  I   0,0  I  27,5
                    -I--------I--------I--------I--------I
                3,0  I     8  I     0  I     3  I     0  I    11
   ORTHOPEDICS       I    4,7 I   0,0  I   1,8  I   0,0  I   6,4
                    -I--------I--------I--------I--------I
                4,0  I     3  I     1  I     4  I     0  I     8
   INTENSIVE CARE    I    1,8 I   0,6  I   2,3  I   0,0  I   4,7
                    -I--------I--------I--------I--------I
                5,0  I    11  I     0  I     6  I     0  I    17
   PEDIATRICS        I    6,4 I   0,0  I   3,5  I   0,0  I   9,9
                    -I--------I--------I--------I--------I
                6,0  I     0  I     0  I     1  I     1  I     2
   OPERATING ROOM    I    0,0 I   0,0  I   0,6  I   0,6  I   1,2
                    -I--------I--------I--------I--------I
                7,0  I     4  I     0  I     5  I     0  I     9
   OBSTETRICS        I    2,3 I   0,0  I   2,9  I   0,0  I   5,3
                    -I--------I--------I--------I--------I
                8,0  I     5  I     0  I     5  I     0  I    10
   GYNECOLOGY        I    2,9 I   0,0  I   2,9  I   0,0  I   5,8
                    -I--------I--------I--------I--------I
                9,0  I     2  I     0  I     2  I     0  I     4
   OUTPATIENT        I    1,2 I   0,0  I   1,2  I   0,0  I   2,3
                    -I--------I--------I--------I--------I
               10,0  I     5  I     2  I     3  I     0  I    10
   OTHER             I    2,9 I   1,2  I   1,8  I   0,0  I   5,8
                    -I--------I--------I--------I--------I
             COLUMN       100        3       67        1      171
              TOTAL      58,5      1,8     39,2      0,6    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                    4-SEP-73       PAGE    4

FILE    NONAME    (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * *
    UNTCARNH   UNIT OF CARE IN NURSING HOME                     BY  JOBTITLE  JOB TITLE
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                       JOBTITLE
               COUNT  I
             TOT PCT  INURSE AI ORDERLY  LPN          ROW
                      ID                              TOTAL
                      I      1,0I      2,0I      3,0I
UNTCARNH     ---------I---------I---------I---------I
                 1,0  I    33   I     3   I     7   I    43
  SKILLED CARE        I  48,5   I   4,4   I  10,3   I  63,2
                     -I---------I---------I---------I
                 2,0  I    15   I     0   I     5   I    20
 INTERMEDIATE CAR     I  22,1   I   0,0   I   7,4   I  29,4
                     -I---------I---------I---------I
                 3,0  I     1   I     2   I     2   I     5
  DOMICILLIARY-RES    I   1,5   I   2,9   I   2,9   I   7,4
                     -I---------I---------I---------I
              COLUMN       49         5        14        68
               TOTAL     72,1       7,4      20,6     100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                   4-SEP-73        PAGE    5

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
    JOBTITLE   JOB TITLE                                    BY  SHIFT       SHIFT CURRENTLY WORKING
CONTROLLING FOR..
    PTCARSET   PATIENT CARE SETTING                         VALUE          1.  HOME HEALTH AGENCY
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *   PAGE  1 OF  1

                     SHIFT
           COUNT  I
         TOT PCT  I7-3       11-7        ROW
                  I                      TOTAL
                  I       1.I       3.I
JOBTITLE  --------I---------I---------I
              3.  I     5   I     2   I      7
   LPN            I  14.7   I   5.9   I   20.6
                 -I---------I---------I
              4.  I    26   I     1   I     27
   HOME HEALTH AID I  76.5  I   2.9   I   79.4
                 -I---------I---------I
          COLUMN       31         3         34
           TOTAL     91.2       8.8      100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                   4-SEP-73        PAGE    6

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
   JOBTITLE   JOB TITLE                                      BY  SHIFT      SHIFT CURRENTLY WORKING
CONTROLLING FOR,,
   PTCARSET   PATIENT CARE SETTING                           VALUE          2,  HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                      SHIFT
              COUNT  I
            TOT PCT  I7-3       3-11      11-7         ROW
                     I                                 TOTAL
                     I       1,I       2,I       3,I
JOBTITLE    ---------I---------I---------I---------I
                 1,  I    93   I    42   I    35   I    170
  NURSE AIDE         I  34,6   I  15,6   I  13,0   I   63,2
                    -I---------I---------I---------I
                 2,  I     0   I     3   I     1   I      4
  ORDERLY            I   0,0   I   1,1   I   0,4   I    1,5
                    -I---------I---------I---------I
                 3,  I    61   I    24   I    10   I     95
  LPN                I  22,7   I   8,9   I   3,7   I   35,3
                    -I---------I---------I---------I
             COLUMN      154        69        46        269
             TOTAL      57,2      25,7      17,1      100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                  4-SEP-73       PAGE    7

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
    JOBTITLE   JOB TITLE                                    BY  SHIFT       SHIFT CURRENTLY WORKING
CONTROLLING FOR,,
    PTCARSET   PATIENT CARE SETTING                         VALUE           3,  NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                    SHIFT
            COUNT  I
          TOT PCT  I7-3      3-11      11-7       ROW
                   I                              TOTAL
                   I      1,I      2,I      3,I
JOBTITLE   --------I--------I--------I--------I
               1,  I   61   I   27   I   22   I   110
  NURSE AIDE       I  42,4  I  18,8  I  15,3  I   76,4
                  -I--------I--------I--------I
               2,  I    3   I    5   I    1   I     9
  ORDERLY          I   2,1  I   3,5  I   0,7  I    6,3
                  -I--------I--------I--------I
               3,  I   12   I    5   I    8   I    25
  LPN              I   8,3  I   3,5  I   5,6  I   17,4
                  -I--------I--------I--------I
           COLUMN      76       37       31       144
            TOTAL     52,8     25,7     21,5     100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                        4-SEP-73      PAGE    8

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * *
    JOBTITLE   JOB TITLE                                 BY  OWNER      OWNERSHIP OF INSTITUTION
CONTROLLING FOR,,
    PTCARSET   PATIENT CARE SETTING                      VALUE              1,  HOME HEALTH AGENCY
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                     OWNER
              COUNT  I
            TOT PCT  IGOV'T NO PRIVATE  PRIVATE    ROW
                     IN-FED    NON PROF            TOTAL
                     I      2,I      3,I      4,I
JOBTITLE    ---------I--------I--------I--------I
                  1, I      0 I      1 I      0 I      1
  NURSE AIDE         I    0,0 I    1,8 I    0,0 I    1,8
                    -I--------I--------I--------I
                  3, I      1 I      4 I      3 I      8
  LPN                I    1,8 I    7,1 I    5,4 I   14,3
                    -I--------I--------I--------I
                  4, I     14 I     18 I     15 I     47
  HOME HEALTH AID    I   25,0 I   32,1 I   26,8 I   83,9
                    -I--------I--------I--------I
             COLUMN        15       23       18       56
              TOTAL      26,8     41,1     32,1    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                4-SEP-73      PAGE    9

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F  * * * * * * * * * * * * * * * * * *
    JOBTITLE   JOB TITLE                                    BY  OWNER     OWNERSHIP OF INSTITUTION
CONTROLLING FOR..
    PTCARSET   PATIENT CARE SETTING                         VALUE            2.  HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                 OWNER
          COUNT  I
        TOT PCT  IGOV'T FE GOV'T NO PRIVATE  PRIVATE    ROW
                 ID        N-FED    NON PROF            TOTAL
                 I       1.I      2.I      3.I      4.I
JOBTITLE  --------I--------I--------I--------I--------I
             1.  I    15  I    31  I   100  I    25  I    171
  NURSE AIDE     I   5.6  I  11.5  I  37.0  I   9.3  I   63.3
                -I--------I--------I--------I--------I
             2.  I     0  I     0  I     4  I     0  I      4
  ORDERLY        I   0.0  I   0.0  I   1.5  I   0.0  I    1.5
                -I--------I--------I--------I--------I
             3.  I     7  I    33  I    55  I     0  I     95
  LPN            I   2.6  I  12.2  I  20.4  I   0.0  I   35.2
                -I--------I--------I--------I--------I
          COLUMN      22       64      159       25      270
           TOTAL     8.1     23.7     58.9      9.3    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                  4-SEP-73        PAGE   10

FILE   NONAME    (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
    JOBTITLE   JOB TITLE                                        BY  OWNER     OWNERSHIP OF INSTITUTION
CONTROLLING FOR,,
    PTCARSET   PATIENT CARE SETTING                             VALUE           3,  NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                        OWNER
              COUNT   I
            TOT PCT   IGOV'T NO PRIVATE     ROW
                      IN-FED               TOTAL
                      I        2,I       4,I
JOBTITLE    ----------I----------I---------I
                  1,  I    17    I   93    I   110
  NURSE AIDE          I  11,0    I  64,6   I  76,4
                     -I----------I---------I
                  2,  I     0    I    9    I     9
  ORDERLY             I   0,0    I   6,3   I   6,3
                     -I----------I---------I
                  3,  I     6    I   19    I    25
  LPN                 I   4,2    I  13,2   I  17,4
                     -I----------I---------I
             COLUMN        23       121        144
              TOTAL      16,0      84,0      100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                 4-SEP-73       PAGE  11

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * *
   AGEGRPD1   AGE OF RESPONDENT                          BY  EDUCTN      HIGHEST LEVEL OF EDUCATION
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING         VALUE           1.  LPN'S IN HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                     EDUCTN
              COUNT  I
            TOT PCT  ILESS THA 10TH TO  HIGH SCH POST HS  YEARS OF COLLEGE   ROW
                     IN 10TH G 12TH GRA OOL DIPL TRAINING  COLLEGE DEGREE'  TOTAL
                     I      1.I      2.I      3.I      4.I      5.I      6.I
AGEGRPD1    --------I--------I--------I--------I--------I--------I--------I
                 1.  I      0 I      0 I      2 I      3 I      0 I      0 I      5
  16-20              I    0.0 I    0.0 I    2.3 I    3.4 I    0.0 I    0.0 I    5.7
                    -I--------I--------I--------I--------I--------I--------I
                 2.  I      0 I      1 I      8 I     12 I     11 I      0 I     32
  21-30              I    0.0 I    1.1 I    9.1 I   13.6 I   12.5 I    0.0 I   36.4
                    -I--------I--------I--------I--------I--------I--------I
                 3.  I      0 I      3 I      7 I      8 I      2 I      1 I     21
  31-40              I    0.0 I    3.4 I    8.0 I    9.1 I    2.3 I    1.1 I   23.9
                    -I--------I--------I--------I--------I--------I--------I
                 4.  I      1 I      1 I     10 I      5 I      5 I      0 I     22
  41-50              I    1.1 I    1.1 I   11.4 I    5.7 I    5.7 I    0.0 I   25.0
                    -I--------I--------I--------I--------I--------I--------I
                 5.  I      0 I      3 I      1 I      2 I      2 I      0 I      8
  51-65              I    0.0 I    3.4 I    1.1 I    2.3 I    2.3 I    0.0 I    9.1
                    -I--------I--------I--------I--------I--------I--------I
             COLUMN         1        8       28       30       20        1       88
              TOTAL       1.1      9.1     31.8     34.1     22.7      1.1    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                4-SEP-73        PAGE   12

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * * *
    AGEGRPD1   AGE OF RESPONDENT                                     BY  EDUCTN      HIGHEST LEVEL OF EDUCATION
CONTROLLING FOR..
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING             VALUE          2.  NURSE AID IN HOSPITL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                     EDUCTN
              COUNT  I
            TOT PCT  ILESS THA 10TH TO  HIGH SCH POST HS  YEARS OF COLLEGE    ROW
                     IN 10TH G 12TH GRA OOL DIPL TRAINING  COLLEGE DEGREE    TOTAL
                     I      1.I      2.I      3.I      4.I      5.I      6.I
AGEGRPD1   --------I--------I--------I--------I--------I--------I--------I
                 1.  I      0 I      2 I      3 I      0 I      4 I      0 I       9
   16-20             I    0.0 I    1.3 I    1.9 I    0.0 I    2.5 I    0.0 I     5.6
                    -I--------I--------I--------I--------I--------I--------I
                 2.  I      2 I     12 I     22 I      7 I      9 I      2 I      54
   21-30             I    1.3 I    7.5 I   13.7 I    4.4 I    5.6 I    1.3 I    33.7
                    -I--------I--------I--------I--------I--------I--------I
                 3.  I      7 I     17 I     23 I      4 I      2 I      0 I      53
   31-40             I    4.4 I   10.6 I   14.4 I    2.5 I    1.3 I    0.0 I    33.1
                    -I--------I--------I--------I--------I--------I--------I
                 4.  I      4 I      7 I      8 I      2 I      0 I      1 I      22
   41-50             I    2.5 I    4.4 I    5.0 I    1.3 I    0.0 I    0.6 I    13.7
                    -I--------I--------I--------I--------I--------I--------I
                 5.  I      3 I      4 I     11 I      3 I      0 I      0 I      21
   51-65             I    1.9 I    2.5 I    6.9 I    1.9 I    0.0 I    0.0 I    13.1
                    -I--------I--------I--------I--------I--------I--------I
                 6.  I      0 I      0 I      0 I      0 I      1 I      0 I       1
   65+               I    0.0 I    0.0 I    0.0 I    0.0 I    0.6 I    0.0 I     0.6
                    -I--------I--------I--------I--------I--------I--------I
             COLUMN        16       42       67       16       16        3      160
              TOTAL      10.0     26.2     41.9     10.0     10.0      1.9    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                                  4-SEP-73        PAGE   13

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * * *
     AGEGRPD1   AGE OF RESPONDENT                             BY  EDUCTN      HIGHEST LEVEL OF EDUCATION
CONTROLLING FOR,,
     COMPOSIT   JOB TITLE AND PATIENT CARE SETTING            VALUE           3,  NA IN NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *   PAGE  1 OF  1

                  EDUCTN
           COUNT  I
         TOT PCT  ILESS THA 10TH TO  HIGH SCH POST HS  YEARS OF COLLEGE   ROW
                  IN 10TH G 12TH GRA OOL DIPL TRAINING  COLLEGE DEGREE   TOTAL
                  I      1,I      2,I      3,I      4,I      5,I      6,I
AGEGRPD1  --------I--------I--------I--------I--------I--------I--------I
              1,  I    1   I    4   I    7   I    2   I    3   I    1   I    18
   16-20          I   0,9  I   3,5  I   6,6  I   1,9  I   2,8  I   0,9  I  17,0
                 -I--------I--------I--------I--------I--------I--------I
              2,  I    5   I    9   I   14   I    1   I   10   I    0   I    39
   21-30          I   4,7  I   8,5  I  13,2  I   0,9  I   9,4  I   0,0  I  36,8
                 -I--------I--------I--------I--------I--------I--------I
              3,  I    6   I   14   I   10   I    0   I    1   I    0   I    31
   31-40          I   5,7  I  13,2  I   9,4  I   0,0  I   0,9  I   0,0  I  29,2
                 -I--------I--------I--------I--------I--------I--------I
              4,  I    3   I    3   I    7   I    1   I    1   I    0   I    15
   41-50          I   2,8  I   2,8  I   6,6  I   0,9  I   0,9  I   0,0  I  14,2
                 -I--------I--------I--------I--------I--------I--------I
              5,  I    1   I    1   I    1   I    0   I    0   I    0   I     3
   51-65          I   0,9  I   0,9  I   0,9  I   0,0  I   0,0  I   0,0  I   2,8
                 -I--------I--------I--------I--------I--------I--------I
          COLUMN      16       31       39        4       15        1      106
           TOTAL     15,1     29,2     36,8      3,8     14,2      0,9    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                    4-SEP-73        PAGE   14

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
     AGEGRPD1   AGE OF RESPONDENT                                BY  EDUCTN     HIGHEST LEVEL OF EDUCATION
CONTROLLING FOR..
     COMPOSIT   JOB TITLE AND PATIENT CARE SETTING               VALUE         4.  HOME HEALTH AID
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                    EDUCTN

              COUNT  I
            TOT PCT  ILESS THA 10TH TO  HIGH SCH POST HS  YEARS OF    ROW
                     IN 10TH G 12TH GRA OOL DIPL TRAINING  COLLEGE TOTAL
                     I       1.I       2.I       3.I       4.I       5.I
AGEGRPD1    ---------I---------I---------I---------I---------I---------I
                  2. I       0 I       1 I       4 I       2 I       2 I      9
  21-30              I     0.0 I     2.4 I     9.8 I     4.9 I     4.9 I   22.0
                    -I---------I---------I---------I---------I---------I
                  3. I       0 I       2 I       4 I       0 I       1 I      7
  31-40              I     0.0 I     4.9 I     9.8 I     0.0 I     2.4 I   17.1
                    -I---------I---------I---------I---------I---------I
                  4. I       2 I       2 I       5 I       0 I       2 I     11
  41-50              I     4.9 I     4.9 I    12.2 I     0.0 I     4.9 I   26.8
                    -I---------I---------I---------I---------I---------I
                  5. I       3 I       6 I       4 I       1 I       0 I     14
  51-65              I     7.3 I    14.6 I     9.8 I     2.4 I     0.0 I   34.1
                    -I---------I---------I---------I---------I---------I
             COLUMN          5        11        17         3         5       41
              TOTAL       12.2      26.8      41.5       7.3      12.2    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                  4-SEP-73        PAGE  15

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * * *    C R O S S T A B U L A T I O N   O F    * * * * * * * * * * * * * * * * * * * *
    WAGE      HOURLY WAGE                                   BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR,,
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING           VALUE          1,  LPN'S IN HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                   YRSHCARE
            COUNT  I
          TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS     ROW
                   I                                                                 TOTAL
                   I      1,I      2,I      3,I      4,I      5,I      6,I      7,I
WAGE      ---------I--------I--------I--------I--------I--------I--------I--------I
               5,  I    2   I    1   I    2   I    1   I    3   I    3   I    1   I    13
  2,76-3,00        I  2,5   I  1,2   I  2,5   I  1,2   I  3,7   I  3,7   I  1,2   I  16,0
                  -I--------I--------I--------I--------I--------I--------I--------I
               6,  I    2   I    6   I    2   I    4   I    2   I    0   I    1   I    17
  3,01-3,25        I  2,5   I  7,4   I  2,5   I  4,9   I  2,5   I  0,0   I  1,2   I  21,0
                  -I--------I--------I--------I--------I--------I--------I--------I
               7,  I    0   I    3   I    1   I    2   I    4   I    2   I    2   I    14
  3,26-3,50        I  0,0   I  3,7   I  1,2   I  2,5   I  4,9   I  2,5   I  2,5   I  17,3
                  -I--------I--------I--------I--------I--------I--------I--------I
               8,  I    0   I    1   I    0   I    3   I    4   I    1   I    3   I    12
  3,51-3,75        I  0,0   I  1,2   I  0,0   I  3,7   I  4,9   I  1,2   I  3,7   I  14,8
                  -I--------I--------I--------I--------I--------I--------I--------I
               9,  I    0   I    0   I    0   I    0   I    0   I    3   I    6   I     9
  3,76-4,00        I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  3,7   I  7,4   I  11,1
                  -I--------I--------I--------I--------I--------I--------I--------I
              10,  I    0   I    0   I    0   I    0   I    0   I    0   I    3   I     3
  4,01-4,25        I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  3,7   I   3,7
                  -I--------I--------I--------I--------I--------I--------I--------I
              11,  I    0   I    0   I    0   I    0   I    0   I    1   I    1   I     2
  4,26-4,50        I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  1,2   I  1,2   I   2,5
                  -I--------I--------I--------I--------I--------I--------I--------I
              12,  I    0   I    0   I    0   I    0   I    0   I    2   I    8   I    10
  4,51-4,75        I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  2,5   I  9,9   I  12,3
                  -I--------I--------I--------I--------I--------I--------I--------I
              13,  I    0   I    0   I    0   I    0   I    0   I    0   I    1   I     1
  4,76-5,00        I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  0,0   I  1,2   I   1,2
                  -I--------I--------I--------I--------I--------I--------I--------I
           COLUMN       4       11        5       10       13       12       26        81
            TOTAL     4,9     13,6      6,2     12,3     16,0     14,8     32,1     100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                          4-SEP-73       PAGE   16

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * *
   WAGE        HOURLY WAGE                                     BY  YRSHCARE    YEARS IN HEALTH CARE FIELD
CONTROLLING FOR,,
   COMPOSIT    JOB TITLE AND PATIENT CARE SETTING              VALUE           2.  NURSE AID IN HOSPITL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                     YRSHCARE
            COUNT  I
          TOT PCT  I-1 YR    1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS     ROW
                   I                                                                TOTAL
                   I      1,I      2,I      3,I      4,I      5,I      6,I      7,I
WAGE       --------I--------I--------I--------I--------I--------I--------I--------I
                1, I      0 I      0 I      0 I      0 I      0 I      0 I      1 I      1
   -2,00           I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,8 I    0,8
                  -I--------I--------I--------I--------I--------I--------I--------I
                2, I      0 I      0 I      2 I      1 I      0 I      0 I      1 I      4
   2,01-2,25       I    0,0 I    0,0 I    1,6 I    0,8 I    0,0 I    0,0 I    0,8 I    3,2
                  -I--------I--------I--------I--------I--------I--------I--------I
                3, I      2 I      3 I      1 I      4 I      3 I      2 I      3 I     18
   2,26-2,50       I    1,6 I    2,4 I    0,8 I    3,2 I    2,4 I    1,6 I    2,4 I   14,5
                  -I--------I--------I--------I--------I--------I--------I--------I
                4, I      2 I      6 I      1 I      3 I      0 I      2 I      2 I     16
   2,51-2,75       I    1,6 I    4,8 I    0,8 I    2,4 I    0,0 I    1,6 I    1,6 I   12,9
                  -I--------I--------I--------I--------I--------I--------I--------I
                5, I      2 I      9 I      9 I     11 I     10 I      4 I      5 I     50
   2,76-3,00       I    1,6 I    7,3 I    7,3 I    8,9 I    8,1 I    3,2 I    4,0 I   40,3
                  -I--------I--------I--------I--------I--------I--------I--------I
                6, I      0 I      0 I      0 I      0 I      3 I      4 I      3 I     10
   3,01-3,25       I    0,0 I    0,0 I    0,0 I    0,0 I    2,4 I    3,2 I    2,4 I    8,1
                  -I--------I--------I--------I--------I--------I--------I--------I
                7, I      0 I      0 I      0 I      1 I      0 I      1 I      2 I      4
   3,26-3,50       I    0,0 I    0,0 I    0,0 I    0,8 I    0,0 I    0,8 I    1,6 I    3,2
                  -I--------I--------I--------I--------I--------I--------I--------I
                8, I      0 I      0 I      0 I      0 I      0 I      1 I      4 I      5
   3,51-3,75       I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,8 I    3,2 I    4,0
                  -I--------I--------I--------I--------I--------I--------I--------I
                9, I      0 I      0 I      0 I      0 I      2 I      1 I      5 I      8
   3,76-4,00       I    0,0 I    0,0 I    0,0 I    0,0 I    1,6 I    0,8 I    4,0 I    6,5
                  -I--------I--------I--------I--------I--------I--------I--------I
               10, I      0 I      0 I      0 I      0 I      0 I      4 I      2 I      6
   4,01-4,25       I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    3,2 I    1,6 I    4,8
                  -I--------I--------I--------I--------I--------I--------I--------I
               11, I      0 I      0 I      0 I      0 I      0 I      0 I      2 I      2
   4,26-4,50       I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    1,6 I    1,6
                  -I--------I--------I--------I--------I--------I--------I--------I
           COLUMN         6       18       13       20       18       19       30      124
            TOTAL       4,8     14,5     10,5     16,1     14,5     15,3     24,2    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                          4-SEP-73        PAGE   17

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
    WAGE       HOURLY WAGE                                  BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING            VALUE          3.  NA IN NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                      YRSHCARE
               COUNT  I
             TOT PCT  I-1 YR    1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS   ROW
                      I                                                                TOTAL
                      I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
WAGE         ---------I--------I--------I--------I--------I--------I--------I--------I
                  1.  I     5  I     3  I     6  I     5  I     2  I     0  I     1  I    22
   -2.00              I   6.6  I   3.9  I   7.9  I   6.6  I   2.6  I   0.0  I   1.3  I  28.9
                     -I--------I--------I--------I--------I--------I--------I--------I
                  2.  I     3  I     5  I     5  I     4  I     2  I     2  I     0  I    21
   2.01-2.25          I   3.9  I   6.6  I   6.6  I   5.3  I   2.6  I   2.6  I   0.0  I  27.6
                     -I--------I--------I--------I--------I--------I--------I--------I
                  3.  I     0  I     1  I     2  I     2  I     2  I     3  I     4  I    14
   2.26-2.50          I   0.0  I   1.3  I   2.6  I   2.6  I   2.6  I   3.9  I   5.3  I  18.4
                     -I--------I--------I--------I--------I--------I--------I--------I
                  4.  I     0  I     0  I     0  I     0  I     0  I     1  I     1  I     2
   2.51-2.75          I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   1.3  I   1.3  I   2.6
                     -I--------I--------I--------I--------I--------I--------I--------I
                  5.  I     0  I     1  I     1  I     0  I     0  I     0  I     0  I     2
   2.76-3.00          I   0.0  I   1.3  I   1.3  I   0.0  I   0.0  I   0.0  I   0.0  I   2.6
                     -I--------I--------I--------I--------I--------I--------I--------I
                  7.  I     0  I     0  I     1  I     0  I     0  I     0  I     0  I     1
   3.26-3.50          I   0.0  I   0.0  I   1.3  I   0.0  I   0.0  I   0.0  I   0.0  I   1.3
                     -I--------I--------I--------I--------I--------I--------I--------I
                  8.  I     0  I     0  I     0  I     1  I     3  I     0  I     2  I     6
   3.51-3.75          I   0.0  I   0.0  I   0.0  I   1.3  I   3.9  I   0.0  I   2.6  I   7.9
                     -I--------I--------I--------I--------I--------I--------I--------I
                  9.  I     0  I     0  I     0  I     0  I     0  I     0  I     1  I     1
   3.76-4.00          I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   1.3  I   1.3
                     -I--------I--------I--------I--------I--------I--------I--------I
                 10.  I     0  I     0  I     0  I     0  I     1  I     2  I     2  I     5
   4.01-4.25          I   0.0  I   0.0  I   0.0  I   0.0  I   1.3  I   2.6  I   2.6  I   6.6
                     -I--------I--------I--------I--------I--------I--------I--------I
                 11.  I     0  I     0  I     0  I     1  I     0  I     1  I     0  I     2
   4.26-4.50          I   0.0  I   0.0  I   0.0  I   1.3  I   0.0  I   1.3  I   0.0  I   2.6
                     -I--------I--------I--------I--------I--------I--------I--------I
              COLUMN        8       10       15       13       10        9       11      76
               TOTAL     10.5     13.2     19.7     17.1     13.2     11.8     14.5   100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                  4-SEP-73        PAGE  18

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * * *
   WAGE      HOURLY WAGE                                  BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING          VALUE          4.  HOME HEALTH AID
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                    YRSHCARE
             COUNT  I
           TOT PCT  I-1 YR    1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                    I                                                                 TOTAL
                    I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
WAGE        --------I--------I--------I--------I--------I--------I--------I--------I
                 2. I      0 I      1 I      0 I      0 I      0 I      0 I      1 I      2
   2,01-2,25        I    0,0 I    3,7 I    0,0 I    0,0 I    0,0 I    0,0 I    3,7 I    7,4
                   -I--------I--------I--------I--------I--------I--------I--------I
                 3. I      2 I      0 I      2 I      3 I      1 I      0 I      2 I     10
   2,26-2,50        I    7,4 I    0,0 I    7,4 I   11,1 I    3,7 I    0,0 I    7,4 I   37,0
                   -I--------I--------I--------I--------I--------I--------I--------I
                 4. I      0 I      0 I      0 I      2 I      0 I      2 I      0 I      4
   2,51-2,75        I    0,0 I    0,0 I    0,0 I    7,4 I    0,0 I    7,4 I    0,0 I   14,8
                   -I--------I--------I--------I--------I--------I--------I--------I
                 5. I      1 I      0 I      0 I      1 I      1 I      2 I      2 I      7
   2,76-3,00        I    3,7 I    0,0 I    0,0 I    3,7 I    3,7 I    7,4 I    7,4 I   25,9
                   -I--------I--------I--------I--------I--------I--------I--------I
                 6. I      0 I      0 I      0 I      0 I      1 I      0 I      0 I      1
   3,01-3,25        I    0,0 I    0,0 I    0,0 I    0,0 I    3,7 I    0,0 I    0,0 I    3,7
                   -I--------I--------I--------I--------I--------I--------I--------I
                 7. I      0 I      0 I      1 I      0 I      0 I      0 I      0 I      1
   3,26-3,50        I    0,0 I    0,0 I    3,7 I    0,0 I    0,0 I    0,0 I    0,0 I    3,7
                   -I--------I--------I--------I--------I--------I--------I--------I
                10. I      0 I      0 I      0 I      0 I      1 I      0 I      0 I      1
   4,01-4,25        I    0,0 I    0,0 I    0,0 I    0,0 I    3,7 I    0,0 I    0,0 I    3,7
                   -I--------I--------I--------I--------I--------I--------I--------I
                11. I      0 I      0 I      0 I      0 I      0 I      1 I      0 I      1
   4,26-4,50        I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    3,7 I    0,0 I    3,7
                   -I--------I--------I--------I--------I--------I--------I--------I
            COLUMN         3        1        3        6        4        5        5       27
             TOTAL      11,1      3,7     11,1     22,2     14,8     18,5     18,5    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                          4-SEP-73        PAGE   19

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
    WAGE      HOURLY WAGE                                      BY  YREMPLOY   YEARS WITH CURRENT EMPLOYER
CONTROLLING FOR..
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING           VALUE           1.  LPN'S IN HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                        YREMPLOY
                 COUNT  I
               TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  5+ YRS      ROW
                        I                                                TOTAL
                        I       1.I      2.I      3.I      4.I      5.I
WAGE           ---------I--------I--------I--------I--------I--------I
                    2.  I      1 I      0 I      0 I      0 I      0 I       1
  2.01-2.25             I    1.2 I    0.0 I    0.0 I    0.0 I    0.0 I     1.2
                       -I--------I--------I--------I--------I--------I
                    5.  I      6 I      2 I      1 I      3 I      1 I      13
  2.76-3.00             I    7.0 I    2.3 I    1.2 I    3.5 I    1.2 I    15.1
                       -I--------I--------I--------I--------I--------I
                    6.  I      6 I      6 I      4 I      0 I      1 I      17
  3.01-3.25             I    7.0 I    7.0 I    4.7 I    0.0 I    1.2 I    19.8
                       -I--------I--------I--------I--------I--------I
                    7.  I      1 I      5 I      3 I      1 I      5 I      15
  3.26-3.50             I    1.2 I    5.8 I    3.5 I    1.2 I    5.8 I    17.4
                       -I--------I--------I--------I--------I--------I
                    8.  I      1 I      2 I      1 I      3 I      5 I      12
  3.51-3.75             I    1.2 I    2.3 I    1.2 I    3.5 I    5.8 I    14.0
                       -I--------I--------I--------I--------I--------I
                    9.  I      0 I      0 I      2 I      1 I      9 I      12
  3.76-4.00             I    0.0 I    0.0 I    2.3 I    1.2 I   10.5 I    14.0
                       -I--------I--------I--------I--------I--------I
                   10.  I      0 I      0 I      0 I      0 I      3 I       3
  4.01-4.25             I    0.0 I    0.0 I    0.0 I    0.0 I    3.5 I     3.5
                       -I--------I--------I--------I--------I--------I
                   11.  I      0 I      0 I      0 I      0 I      2 I       2
  4.26-4.50             I    0.0 I    0.0 I    0.0 I    0.0 I    2.3 I     2.3
                       -I--------I--------I--------I--------I--------I
                   12.  I      0 I      0 I      2 I      2 I      6 I      10
  4.51-4.75             I    0.0 I    0.0 I    2.3 I    2.3 I    7.0 I    11.6
                       -I--------I--------I--------I--------I--------I
                   13.  I      0 I      0 I      0 I      0 I      1 I       1
  4.76-5.00             I    0.0 I    0.0 I    0.0 I    0.0 I    1.2 I     1.2
                       -I--------I--------I--------I--------I--------I
                COLUMN        15        15        13        10        33        86
                 TOTAL      17.4      17.4      15.1      11.6      38.4     100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                         4-SEP-73        PAGE   20

FILE   NONAME   (CREATION DATE = 4-SEP-73)

* * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * *
   WAGE       HOURLY WAGE                                      BY  YREMPLOY    YEARS WITH CURRENT EMPLOYER
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING          VALUE          2.  NURSE AID IN HOSPITL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                     YREMPLOY
             COUNT  I
           TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  5+ YRS     ROW
                    I                                                TOTAL
                    I      1.I      2.I      3.I      4.I      5.I
WAGE       --------+--------+--------+--------+--------+--------I
                 1. I      0 I      0 I      0 I      0 I      1 I      1
  -2,00             I    0,0 I    0,0 I    0,0 I    0,0 I    0,7 I    0,7
                   -I--------I--------I--------I--------I--------I
                 2. I      0 I      1 I      2 I      0 I      2 I      5
  2,01-2,25         I    0,0 I    0,7 I    1,4 I    0,0 I    1,4 I    3,4
                   -I--------I--------I--------I--------I--------I
                 3. I      6 I      7 I      1 I      4 I      6 I     24
  2,26-2,50         I    4,1 I    4,8 I    0,7 I    2,7 I    4,1 I   16,4
                   -I--------I--------I--------I--------I--------I
                 4. I      8 I      6 I      2 I      1 I      1 I     18
  2,51-2,75         I    5,5 I    4,1 I    1,4 I    0,7 I    0,7 I   12,3
                   -I--------I--------I--------I--------I--------I
                 5. I     13 I     12 I     14 I      7 I     11 I     57
  2,76-3,00         I    8,9 I    8,2 I    9,6 I    4,8 I    7,5 I   39,0
                   -I--------I--------I--------I--------I--------I
                 6. I      1 I      0 I      0 I      1 I     10 I     12
  3,01-3,25         I    0,7 I    0,0 I    0,0 I    0,7 I    6,8 I    8,2
                   -I--------I--------I--------I--------I--------I
                 7. I      0 I      0 I      3 I      0 I      2 I      5
  3,26-3,50         I    0,0 I    0,0 I    2,1 I    0,0 I    1,4 I    3,4
                   -I--------I--------I--------I--------I--------I
                 8. I      0 I      0 I      2 I      1 I      3 I      6
  3,51-3,75         I    0,0 I    0,0 I    1,4 I    0,7 I    2,1 I    4,1
                   -I--------I--------I--------I--------I--------I
                 9. I      0 I      0 I      2 I      1 I      6 I      9
  3,76-4,00         I    0,0 I    0,0 I    1,4 I    0,7 I    4,1 I    6,2
                   -I--------I--------I--------I--------I--------I
                10. I      0 I      0 I      0 I      0 I      7 I      7
  4,01-4,25         I    0,0 I    0,0 I    0,0 I    0,0 I    4,8 I    4,8
                   -I--------I--------I--------I--------I--------I
                11. I      0 I      0 I      0 I      0 I      2 I      2
  4,26-4,50         I    0,0 I    0,0 I    0,0 I    0,0 I    1,4 I    1,4
                   -I--------I--------I--------I--------I--------I
            COLUMN        28       26       26       15       51      146
             TOTAL      19,2     17,8     17,8     10,3     34,9    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                        4-SEP-73        PAGE   21

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *  C R O S S T A B U L A T I O N   O F  * * * * * * * * * * * * * * * * * *
   WAGE        HOURLY WAGE                                   BY  YREMPLOY    YEARS WITH CURRENT EMPLOYER
CONTROLLING FOR,,
   COMPOSIT    JOB TITLE AND PATIENT CARE SETTING            VALUE           3,  NA IN NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                   YREMPLOY

            COUNT  I
          TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  5+ YRS      ROW
                   I                                                TOTAL
                   I      1,I      2,I      3,I      4,I      5,I
WAGE      ---------I--------I--------I--------I--------I--------I
               1,  I    23  I     7  I     1  I     0  I     0  I    31
  -2,00            I  25,0  I   7,6  I   1,1  I   0,0  I   0,0  I  33,7
                  -I--------I--------I--------I--------I--------I
               2,  I    13  I     4  I     8  I     1  I     0  I    26
  2,01-2,25        I  14,1  I   4,3  I   8,7  I   1,1  I   0,0  I  28,3
                  -I--------I--------I--------I--------I--------I
               3,  I     2  I     1  I     2  I     2  I     9  I    16
  2,26-2,50        I   2,2  I   1,1  I   2,2  I   2,2  I   9,8  I  17,4
                  -I--------I--------I--------I--------I--------I
               4,  I     0  I     0  I     0  I     2  I     0  I     2
  2,51-2,75        I   0,0  I   0,0  I   0,0  I   2,2  I   0,0  I   2,2
                  -I--------I--------I--------I--------I--------I
               5,  I     0  I     2  I     0  I     0  I     0  I     2
  2,76-3,00        I   0,0  I   2,2  I   0,0  I   0,0  I   0,0  I   2,2
                  -I--------I--------I--------I--------I--------I
               7,  I     0  I     0  I     1  I     0  I     0  I     1
  3,26-3,50        I   0,0  I   0,0  I   1,1  I   0,0  I   0,0  I   1,1
                  -I--------I--------I--------I--------I--------I
               8,  I     0  I     0  I     0  I     0  I     6  I     6
  3,51-3,75        I   0,0  I   0,0  I   0,0  I   0,0  I   6,5  I   6,5
                  -I--------I--------I--------I--------I--------I
               9,  I     0  I     0  I     0  I     1  I     0  I     1
  3,76-4,00        I   0,0  I   0,0  I   0,0  I   1,1  I   0,0  I   1,1
                  -I--------I--------I--------I--------I--------I
              10,  I     0  I     0  I     0  I     0  I     5  I     5
  4,01-4,25        I   0,0  I   0,0  I   0,0  I   0,0  I   5,4  I   5,4
                  -I--------I--------I--------I--------I--------I
              11,  I     0  I     0  I     0  I     1  I     1  I     2
  4,26-4,50        I   0,0  I   0,0  I   0,0  I   1,1  I   1,1  I   2,2
                  -I--------I--------I--------I--------I--------I
           COLUMN        38       14       12        7       21       92
            TOTAL   [illegible]1,3     15,2     13,0      7,6     22,8    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                4-SEP-73     PAGE  22

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * *
    WAGE       HOURLY WAGE                                      BY  YREMPLOY   YEARS WITH CURRENT EMPLOYER
CONTROLLING FOR,,
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING          VALUE            4,  HOME HEALTH AID
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                   YREMPLOY
           COUNT  I
         TOT PCT  I-1 YR    1-2 YRS  2-3 YRS  3-5 YRS  5+ YRS     ROW
                  I                                              TOTAL
                  I     1,I     2,I     3,I     4,I     5,I
WAGE      --------I-------I-------I-------I-------I-------I
                2,  I     0  I     1  I     1  I     0  I     0  I      2
  2,01-2,25         I   0,0  I   3,6  I   3,6  I   0,0  I   0,0  I    7,1
                   -I--------I--------I--------I--------I--------I
                3,  I     6  I     0  I     3  I     0  I     1  I     10
  2,26-2,50         I  21,4  I   0,0  I  10,7  I   0,0  I   3,6  I   35,7
                   -I--------I--------I--------I--------I--------I
                4,  I     2  I     0  I     0  I     1  I     2  I      5
  2,51-2,75         I   7,1  I   0,0  I   0,0  I   3,6  I   7,1  I   17,9
                   -I--------I--------I--------I--------I--------I
                5,  I     1  I     0  I     3  I     1  I     2  I      7
  2,76-3,00         I   3,6  I   0,0  I  10,7  I   3,6  I   7,1  I   25,0
                   -I--------I--------I--------I--------I--------I
                6,  I     0  I     0  I     0  I     0  I     1  I      1
  3,01-3,25         I   0,0  I   0,0  I   0,0  I   0,0  I   3,6  I    3,6
                   -I--------I--------I--------I--------I--------I
                7,  I     1  I     0  I     0  I     0  I     0  I      1
  3,26-3,50         I   3,6  I   0,0  I   0,0  I   0,0  I   0,0  I    3,6
                   -I--------I--------I--------I--------I--------I
               10,  I     0  I     0  I     0  I     0  I     1  I      1
  4,01-4,25         I   0,0  I   0,0  I   0,0  I   0,0  I   3,6  I    3,6
                   -I--------I--------I--------I--------I--------I
               11,  I     0  I     0  I     0  I     0  I     1  I      1
  4,26-4,50         I   0,0  I   0,0  I   0,0  I   0,0  I   3,6  I    3,6
                   -I--------I--------I--------I--------I--------I
          COLUMN         10        1        7        2        8       28
           TOTAL       35,7      3,6     25,0      7,1     28,6    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                    4-SEP-73        PAGE  23

FILE  NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * *  C R O S S T A B U L A T I O N   O F  * * * * * * * * * * * * * * * * * * *
   EDUCTN     HIGHLST LEVEL OF EDUCATION                      BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING              VALUE         1.  LPN'S IN HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                     YRSHCARE
              COUNT  I
            TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                     I                                                                  TOTAL
                     I       1.I      2.I      3.I      4.I      5.I      6.I      7.I
EDUCTN      ---------I--------I--------I--------I--------I--------I--------I--------I
                  1. I     0  I     0  I     0  I     0  I     0  I     0  I     1  I      1
  LESS THAN 10TH G   I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   1.2  I    1.2
                    -I--------I--------I--------I--------I--------I--------I--------I
                  2. I     0  I     1  I     0  I     1  I     1  I     0  I     4  I      7
  10TH TO 12TH GRA   I   0.0  I   1.2  I   0.0  I   1.2  I   1.2  I   0.0  I   4.8  I    8.3
                    -I--------I--------I--------I--------I--------I--------I--------I
                  3. I     1  I     4  I     1  I     2  I     2  I     6  I    10  I     26
  HIGH SCHOOL DIPL   I   1.2  I   4.8  I   1.2  I   2.4  I   2.4  I   7.1  I  11.9  I   31.0
                    -I--------I--------I--------I--------I--------I--------I--------I
                  4. I     2  I     5  I     3  I     5  I     5  I     3  I     9  I     32
  POST HS TRAINING   I   2.4  I   6.0  I   3.6  I   6.0  I   6.0  I   3.6  I  10.7  I   38.1
                    -I--------I--------I--------I--------I--------I--------I--------I
                  5. I     0  I     1  I     1  I     3  I     5  I     2  I     5  I     17
  YEARS OF COLLEGE   I   0.0  I   1.2  I   1.2  I   3.6  I   6.0  I   2.4  I   6.0  I   20.2
                    -I--------I--------I--------I--------I--------I--------I--------I
                  6. I     0  I     0  I     0  I     0  I     0  I     1  I     0  I      1
  COLLEGE DEGREE     I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   1.2  I   0.0  I    1.2
                    -I--------I--------I--------I--------I--------I--------I--------I
             COLUMN        3       11        5       11       13       12       29       84
              TOTAL      3.6     13.1      6.0     13.1     15.5     14.3     34.5    100.0
```

332

```
HOMEMAKERS EMPLOYEE SURVEY                                                   4-SEP-73        PAGE   24

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
   EDUCTN     HIGHEST LEVEL OF EDUCATION                  BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING           VALUE          2.  NURSE AID IN HOSPITL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                     YRSHCARE
            COUNT  I
          TOT PCT  I-1 YR    1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS   ROW
                   I                                                               TOTAL
                   I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
EDUCTN    ---------I--------I--------I--------I--------I--------I--------I--------I
               1.  I     0  I     1  I     0  I     3  I     2  I     1  I     7  I     14
 LESS THAN 10TH G  I   0.0  I   0.7  I   0.0  I   2.1  I   1.4  I   0.7  I   4.9  I    9.7
                  -I--------I--------I--------I--------I--------I--------I--------I
               2.  I     1  I     7  I     4  I     9  I     2  I     9  I     5  I     37
 10TH TO 12TH GRA  I   0.7  I   4.9  I   2.8  I   6.3  I   1.4  I   6.3  I   3.5  I   25.7
                  -I--------I--------I--------I--------I--------I--------I--------I
               3.  I     6  I     7  I     6  I     9  I     7  I    10  I    14  I     59
 HIGH SCHOOL DIPL  I   4.2  I   4.9  I   4.2  I   6.3  I   4.9  I   6.9  I   9.7  I   41.0
                  -I--------I--------I--------I--------I--------I--------I--------I
               4.  I     0  I     2  I     2  I     1  I     4  I     1  I     5  I     15
 POST HS TRAINING  I   0.0  I   1.4  I   1.4  I   0.7  I   2.8  I   0.7  I   3.5  I   10.4
                  -I--------I--------I--------I--------I--------I--------I--------I
               5.  I     1  I     3  I     1  I     3  I     3  I     3  I     2  I     16
 YEARS OF COLLEGE  I   0.7  I   2.1  I   0.7  I   2.1  I   2.1  I   2.1  I   1.4  I   11.1
                  -I--------I--------I--------I--------I--------I--------I--------I
               6.  I     1  I     1  I     0  I     1  I     0  I     0  I     0  I      3
 COLLEGE DEGREE    I   0.7  I   0.7  I   0.0  I   0.7  I   0.0  I   0.0  I   0.0  I    2.1
                  -I--------I--------I--------I--------I--------I--------I--------I
           COLUMN        9       21       13       26       18       24       33      144
            TOTAL      6.3     14.6      9.0     18.1     12.5     16.7     22.9    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                         4-SEP-73        PAGE   25

FILE    NONAME    (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
   EDUCTN     HIGHEST LEVEL OF EDUCATION                       BY  YRSHCARE    YEARS IN HEALTH CARE FIELD
CONTROLLING FOR,,
   COMPOSIT    JOB TITLE AND PATIENT CARE SETTING              VALUE            3.  NA IN NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                       YRSHCARE
              COUNT   I
            TOT PCT   I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS     ROW
                      I                                                                  TOTAL
                      I       1.I       2.I       3.I       4.I       5.I       6.I       7.I
EDUCTN       ---------I---------I---------I---------I---------I---------I---------I---------I
                   1. I     0   I     3   I     3   I     4   I     1   I     1   I     0   I     12
  LESS THAN 10TH G    I   0,0   I   3,4   I   3,4   I   4,6   I   1,1   I   1,1   I   0,0   I   13,8
                     -I---------I---------I---------I---------I---------I---------I---------I
                   2. I     2   I     1   I     6   I     2   I     3   I     5   I     5   I     24
  10TH TO 12TH GRA    I   2,3   I   1,1   I   6,9   I   2,3   I   3,4   I   5,7   I   5,7   I   27,6
                     -I---------I---------I---------I---------I---------I---------I---------I
                   3. I     3   I     3   I     5   I     6   I     9   I     4   I     4   I     34
  HIGH SCHOOL DIPL    I   3,4   I   3,4   I   5,7   I   6,9   I  10,3   I   4,6   I   4,6   I   39,1
                     -I---------I---------I---------I---------I---------I---------I---------I
                   4. I     0   I     0   I     1   I     1   I     0   I     0   I     1   I      3
  POST HS TRAINING    I   0,0   I   0,0   I   1,1   I   1,1   I   0,0   I   0,0   I   1,1   I    3,4
                     -I---------I---------I---------I---------I---------I---------I---------I
                   5. I     3   I     5   I     2   I     1   I     1   I     0   I     1   I     13
  YEARS OF COLLEGE    I   3,4   I   5,7   I   2,3   I   1,1   I   1,1   I   0,0   I   1,1   I   14,9
                     -I---------I---------I---------I---------I---------I---------I---------I
                   6. I     0   I     0   I     1   I     0   I     0   I     0   I     0   I      1
  COLLEGE DEGREE      I   0,0   I   0,0   I   1,1   I   0,0   I   0,0   I   0,0   I   0,0   I    1,1
                     -I---------I---------I---------I---------I---------I---------I---------I
             COLUMN         8        12        18        14        14        10        11        87
              TOTAL       9,2      13,8      20,7      16,1      16,1      11,5      12,6     100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                                  4-SEP-73        PAGE   26

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * * *
    EDUCTN     HIGHEST LEVEL OF EDUCATION                         BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING               VALUE           4.  HOME HEALTH AID
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE  1 OF  1

                      YRSHCARE

              COUNT  I
            TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                     I                                                                 TOTAL
                     I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
EDUCTN      --------I--------I--------I--------I--------I--------I--------I--------I
                  1.  I      0  I      0  I      0  I      0  I      3  I      3  I      1  I      7
   LESS THAN 10TH G  I    0,0  I    0,0  I    0,0  I    0,0  I    7,3  I    7,3  I    2,4  I   17,1
                    -I--------I--------I--------I--------I--------I--------I--------I
                  2.  I      1  I      0  I      2  I      1  I      3  I      1  I      3  I     11
   10TH TO 12TH GRA  I    2,4  I    0,0  I    4,9  I    2,4  I    7,3  I    2,4  I    7,3  I   26,8
                    -I--------I--------I--------I--------I--------I--------I--------I
                  3.  I      1  I      1  I      1  I      5  I      3  I      3  I      2  I     16
   HIGH SCHOOL DIPL  I    2,4  I    2,4  I    2,4  I   12,2  I    7,3  I    7,3  I    4,9  I   39,0
                    -I--------I--------I--------I--------I--------I--------I--------I
                  4.  I      0  I      0  I      0  I      0  I      0  I      1  I      1  I      2
   POST HS TRAINING  I    0,0  I    0,0  I    0,0  I    0,0  I    0,0  I    2,4  I    2,4  I    4,9
                    -I--------I--------I--------I--------I--------I--------I--------I
                  5.  I      1  I      0  I      0  I      1  I      0  I      2  I      1  I      5
   YEARS OF COLLEGE  I    2,4  I    0,0  I    0,0  I    2,4  I    0,0  I    4,9  I    2,4  I   12,2
                    -I--------I--------I--------I--------I--------I--------I--------I
             COLUMN          3         1         3         7         9        10         8        41
              TOTAL        7,3       2,4       7,3      17,1      22,0      24,4      19,5     100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                  4-SEP-73         PAGE   27

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * *  C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
    AGEGRPD2  AGE OF RESPONDENT                              BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING          VALUE          1.  LPN'S IN HOSPITAL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                    YRSHCARE
            COUNT  I
          TOT PCT  I<1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                   I                                                                 TOTAL
                   I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
AGEGRPD2   --------I--------I--------I--------I--------I--------I--------I--------I
                2. I     1  I     3  I     1  I     0  I     0  I     0  I     0  I      5
  18-20 YRS        I   1.2  I   3.5  I   1.2  I   0.0  I   0.0  I   0.0  I   0.0  I    5.9
                  -I--------I--------I--------I--------I--------I--------I--------I
                3. I     1  I     5  I     2  I     3  I     3  I     0  I     0  I     14
  21-25 YRS        I   1.2  I   5.9  I   2.4  I   3.5  I   3.5  I   0.0  I   0.0  I   16.5
                  -I--------I--------I--------I--------I--------I--------I--------I
                4. I     0  I     2  I     3  I     3  I     6  I     3  I     0  I     17
  26-30 YRS        I   0.0  I   2.4  I   3.5  I   3.5  I   7.1  I   3.5  I   0.0  I   20.0
                  -I--------I--------I--------I--------I--------I--------I--------I
                5. I     1  I     1  I     0  I     4  I     2  I     5  I     8  I     21
  31-40 YRS        I   1.2  I   1.2  I   0.0  I   4.7  I   2.4  I   5.9  I   9.4  I   24.7
                  -I--------I--------I--------I--------I--------I--------I--------I
                6. I     0  I     0  I     0  I     0  I     2  I     5  I    14  I     21
  41-50 YRS        I   0.0  I   0.0  I   0.0  I   0.0  I   2.4  I   5.9  I  16.5  I   24.7
                  -I--------I--------I--------I--------I--------I--------I--------I
                7. I     0  I     0  I     0  I     0  I     0  I     0  I     7  I      7
  51-65 YRS        I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   0.0  I   8.2  I    8.2
                  -I--------I--------I--------I--------I--------I--------I--------I
           COLUMN        3       11        6       10       13       13       29       85
            TOTAL      3.5     12.9      7.1     11.8     15.3     15.3     34.1    100.0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                      4-SEP-73        PAGE   28

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * *
   AGEGRPD2   AGE OF RESPONDENT                               BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR..
   COMPOSIT   JOB TITLE AND PATIENT CARE SETTING              VALUE          2.  NURSE AID IN HOSPITL
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                    YRSHCARE

              COUNT I
            TOT PCT I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS   ROW
                    I                                                                TOTAL
                    I      1.I      2.I      3.I      4.I      5.I      6.I      7.I
AGEGRPD2   ---------I--------I--------I--------I--------I--------I--------I--------I
                 1. I      0 I      0 I      1 I      0 I      0 I      0 I      0 I      1
  -18 YRS           I    0,0 I    0,0 I    0,7 I    0,0 I    0,0 I    0,0 I    0,0 I    0,7
                   -I--------I--------I--------I--------I--------I--------I--------I
                 2. I      3 I      4 I      0 I      0 I      0 I      0 I      0 I      7
  18-20 YRS         I    2,2 I    2,9 I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    5,1
                   -I--------I--------I--------I--------I--------I--------I--------I
                 3. I      2 I      6 I      7 I      6 I      7 I      1 I      0 I     29
  21-25 YRS         I    1,5 I    4,4 I    5,1 I    4,4 I    5,1 I    0,7 I    0,0 I   21,2
                   -I--------I--------I--------I--------I--------I--------I--------I
                 4. I      1 I      3 I      1 I      7 I      4 I      3 I      1 I     20
  26-30 YRS         I    0,7 I    2,2 I    0,7 I    5,1 I    2,9 I    2,2 I    0,7 I   14,6
                   -I--------I--------I--------I--------I--------I--------I--------I
                 5. I      3 I      6 I      2 I      8 I      6 I     11 I      6 I     42
  31-40 YRS         I    2,2 I    4,4 I    1,5 I    5,8 I    4,4 I    8,0 I    4,4 I   30,7
                   -I--------I--------I--------I--------I--------I--------I--------I
                 6. I      0 I      2 I      0 I      2 I      0 I      5 I     11 I     20
  41-50 YRS         I    0,0 I    1,5 I    0,0 I    1,5 I    0,0 I    3,6 I    8,0 I   14,6
                   -I--------I--------I--------I--------I--------I--------I--------I
                 7. I      0 I      0 I      1 I      1 I      1 I      2 I     12 I     17
  51-65 YRS         I    0,0 I    0,0 I    0,7 I    0,7 I    0,7 I    1,5 I    8,8 I   12,4
                   -I--------I--------I--------I--------I--------I--------I--------I
                 8. I      0 I      0 I      0 I      0 I      0 I      0 I      1 I      1
  65+ YRS           I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,0 I    0,7 I    0,7
                   -I--------I--------I--------I--------I--------I--------I--------I
             COLUMN        9       21       12       24       18       22       31     137
              TOTAL      6,6     15,3      8,8     17,5     13,1     16,1     22,6   100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                              4-SEP-73        PAGE   29

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * * * *
    AGEGRPD2   AGE OF RESPONDENT                                BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR,,
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING              VALUE           3,  NA IN NURSING HOME
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                         YRSHCARE
              COUNT    I
              TOT PCT  I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                       I                                                                  TOTAL
                       I       1,I      2,I      3,I      4,I      5,I      6,I      7,I
AGEGRPD2       --------I--------I--------I--------I--------I--------I--------I--------I
                    1, I     2  I     1  I     0  I     0  I     0  I     0  I     0  I      3
   -18 YRS             I   2,4  I   1,2  I   0,0  I   0,0  I   0,0  I   0,0  I   0,0  I    3.6
                      -I--------I--------I--------I--------I--------I--------I--------I
                    2, I     2  I     2  I     3  I     1  I     0  I     0  I     0  I      8
   18-20 YRS           I   2,4  I   2,4  I   3,6  I   1,2  I   0,0  I   0,0  I   0,0  I    9,5
                      -I--------I--------I--------I--------I--------I--------I--------I
                    3, I     2  I     2  I     5  I     2  I     2  I     0  I     0  I     13
   21-25 YRS           I   2,4  I   2,4  I   6,0  I   2.4  I   2,4  I   0,0  I   0,0  I   15,5
                      -I--------I--------I--------I--------I--------I--------I--------I
                    4, I     1  I     3  I     3  I     5  I     6  I     1  I     0  I     19
   26-30 YRS           I   1,2  I   3,6  I   3,6  I   6,0  I   7,1  I   1,2  I   0,0  I   22,6
                      -I--------I--------I--------I--------I--------I--------I--------I
                    5, I     1  I     1  I     5  I     4  I     3  I     5  I     7  I     26
   31-40 YRS           I   1,2  I   1,2  I   6,0  I   4,8  I   3,6  I   6,0  I   8,3  I   31,0
                      -I--------I--------I--------I--------I--------I--------I--------I
                    6, I     0  I     3  I     1  I     2  I     2  I     2  I     3  I     13
   41-50 YRS           I   0,0  I   3,6  I   1,2  I   2,4  I   2,4  I   2,4  I   3,6  I   15,5
                      -I--------I--------I--------I--------I--------I--------I--------I
                    7, I     0  I     0  I     0  I     0  I     0  I     1  I     1  I      2
   51-65 YRS           I   0,0  I   0,0  I   0,0  I   0,0  I   0,0  I   1,2  I   1,2  I    2,4
                      -I--------I--------I--------I--------I--------I--------I--------I
               COLUMN        8       12       17       14       13        9       11       84
                TOTAL      9,5     14,3     20,2     16,7     15,5     10,7     13,1    100,0
```

```
HOMEMAKERS EMPLOYEE SURVEY                                                    4-SEP-73        PAGE   30

FILE   NONAME   (CREATION DATE =  4-SEP-73)

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * * * *
    AGEGRPD2   AGE OF RESPONDENT                                 BY  YRSHCARE   YEARS IN HEALTH CARE FIELD
CONTROLLING FOR,,
    COMPOSIT   JOB TITLE AND PATIENT CARE SETTING                VALUE           4,  HOME HEALTH AID
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1 OF  1

                      YRSHCARE
             COUNT   I
           TOT PCT   I-1 YR     1-2 YRS  2-3 YRS  3-5 YRS  6-7 YRS  8-10 YRS 10+ YRS    ROW
                     I                                                                  TOTAL
                     I       1,I       2,I       3,I       4,I       5,I       6,I       7,I
AGEGRPD2     --------I---------I---------I---------I---------I---------I---------I---------I
                  3, I       0 I       0 I       0 I       1 I       0 I       0 I       0 I       1
  21-25 YRS          I     0,0 I     0,0 I     0,0 I     2,4 I     0,0 I     0,0 I     0,0 I     2,4
                    -I---------I---------I---------I---------I---------I---------I---------I
                  4, I       2 I       0 I       1 I       1 I       0 I       2 I       0 I       6
  26-30 YRS          I     4,9 I     0,0 I     2,4 I     2,4 I     0,0 I     4,9 I     0,0 I    14,6
                    -I---------I---------I---------I---------I---------I---------I---------I
                  5, I       0 I       0 I       1 I       1 I       1 I       2 I       2 I       7
  31-40 YRS          I     0,0 I     0,0 I     2,4 I     2,4 I     2,4 I     4,9 I     4,9 I    17,1
                    -I---------I---------I---------I---------I---------I---------I---------I
                  6, I       0 I       0 I       1 I       2 I       4 I       3 I       3 I      13
  41-50 YRS          I     0,0 I     0,0 I     2,4 I     4,9 I     9,8 I     7,3 I     7,3 I    31,7
                    -I---------I---------I---------I---------I---------I---------I---------I
                  7, I       1 I       1 I       0 I       2 I       4 I       2 I       4 I      14
  51-65 YRS          I     2,4 I     2,4 I     0,0 I     4,9 I     9,8 I     4,9 I     9,8 I    34,1
                    -I---------I---------I---------I---------I---------I---------I---------I
            COLUMN           3         1         3         7         9         9         9        41
             TOTAL         7,3       2,4       7,3      17,1      22,0      22,0      22,0     100,0
```

BIBLIOGRAPHY

1. Alberger, Patricia. "Nursing Is Getting It All Together," Georgetown Today. Washington, D.C., Georgetown University alumni quarterly, September 1973.

2. American Federation of State, County and Municipal Employees (AFL-CIO), District Council 37. Toward a Career Ladder in Nursing: Upgrading Nurse's Aides To LPNs Through A Work Study Program. New York, 1970.

3. American Red Cross. Home Nursing. New York, Doubleday & Company Inc., 1963.

4. Carzo, Rocco Jr. and John N. Yanouzas. Formal Organizations, A Systems Approach. Homewood, Ill. Richard D. Irwin, Inc., 1967.

5. Department of Family Economics, Kansas State University. Homemaker Service Demonstration Training Project. Manhattan, Kansas. 1970.

6. D. C. Manpower Administration. Manpower Directions in Metropolitan Washington, D.C.: A Forecast of Manpower Demands and Employment By Industry and Occupation, 1972 -80. Washington, D.C., 1972.

7. Fine, Sidney A. and Wretha W. Wiley. An Introduction to Functional Job Analysis. Washington, D.C., W.E. Upjohn Institute for Employment Research, 1971.

8. Gilpatrick, Eleanor, et al. Health Services Mobility Study 12 vols., Grants from the Office of Economic Opportunity and the Manpower Administration, U.S. Dept. of Labor. New York, Research Foundation City University of New York, 1972.

9. Goldsmith, Katherine L. A Study of Nursing Occupations (A report of the University of California, Los Angeles Allied Health Professions Project). Los Angeles, 1972.

10. Goldstein, Harold M. and Morris A. Horowitz. Restructuring Paramedical Occupations, 2 vols. Washington, D.C., Manpower Administration, U.S. Dept. of Labor, 1972.

11. Commission On The Organization Of The Government Of The District Of Columbia. Report of ... ., 3 vols. Washington, D.C., U.S. Government Printing Office, 1972.

12. Kerlinger, Frank N., Foundations of Behavior Research. New York, Holt, Rinehart and Winston, Inc., 1964.

13. National Civil Service League. Public Employment Strategies and Issues. Washington, D.C., 1972.

14. National Civil Service League. Task Analysis for Training the Disadvantaged (Reference File No. 6). Washington, D.C., 1970.

15. National Commission For The Study of Nursing And Nursing Education. An Abstract For Action, 2 vols. New York, 1970

16. National Committee on Household Employment. Curriculum For Training Household Workers. Washington, D.C.

17. National Council For Homemaker Services, Inc. Standards for Homemaker-Home Health Aide Services. New York, 1965.

18. The Nursing Development Conference Group. Concept Formalization in Nursing: Process and Product. Boston, Little, Brown and Company, Inc., 1973.

19. Orem, Dorothea E., Nursing: Concepts of Practice. New York, McGraw-Hill Book Company, 1971.

20. U.S. Department of Commerce, Bureau of the Census. General Population Characteristics: District of Columbia [PC(1)-B10 DC]. Washington, D.C., 1971.

21. U.S. Department of Health Education, and Welfare. Community Planning for Nursing in the District of Columbia Metropolitan Area. Washington, D.C., U.S. Government Printing Office, 1967.

22. U.S. Department of Health, Education, and Welfare. Health Manpower Source Book, section 21. Washington, D.C., U.S. Government Printing Office, 1970.

23. U.S. Department of Health Education and Welfare. Health Resources Statistics. Washington, D.C., U.S. Government Printing Office, 1971.

24. U.S. Department of Health, Education, and Welfare, Division of Nursing. Planning for Nursing Needs and Resources. Washington, D.C., U.S. Government Printing Office, 1972.

25. U.S. Department of Labor, Manpower Administration. Handbook For Analyzing Jobs. Washington, D.C., U.S. Government Printing Office, 1972.

26. U.S. Department of Labor, Manpower Administration. Health Occupations Training in Job Corps: Instructors Manual. Washington, D.C.

27. U.S. Senate. Special Committee On Aging. Home Health Services in the United States. 92nd Cong., 2nd sess., 1972.

28. Wood, Lucille A. ed. Nursing Skills For Allied Health Services, 2 vols. Philadelphia, W.B. Saunders Company, 1972.

29. Wood, Lucille A. A Career Model For Nurse Practioners (A report of the University of California, Los Angeles Allied Health Professions Project). Los Angeles, 1972.

30. Washington Center for Metropolitan Studies. The State of Human Resources in the District of Columbia: a Report to the Director, D.C. Department of Human Resources. Washington, D.C., 1971.